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GEORGIA JOURNAL

OF

MEDICINE AND SURGERY.

ISSUED MONTHLY.

Vol. VIII. SAVANNAH, GEORGIA, APRIL, 1901. No. 4.

An era is fast approaching, when no writer will be read and appreciated by the great majority, save and except those who can effect that for bales of manuscript, that the hydrostatic screw performs for bales of Cotton by condensing that matter into a period that before occupied a page.—COLTON.

ORIGINAL COMMUNICATIONS.

THE RELATION OF THE PROFESSION TO THE GENERAL PUBLIC.*

BY R. R. KIME, M.D.,

Atlanta, Ga.,

Ex-President Tri-State Medical Society Alabama, Georgia and Tennessee; Ex-President Atlanta Society Medicine; Member American Medical, Southern Surgical and Gynecological, Tri-State Medical, State Medical, Etc., Etc.

Mr. President, Members of the Tri-State Medical Society:

Again I thank you for the honor you have conferred upon me, and assure you I prize it above any professional honor I have ever received.

It has been said a "prophet is not without honor save in his own country," which is usually true; however, forty-three years ago I first saw the light of day on Tennessee soil, and my father received his medical education in Nashville, a Tennessee city.

I simply returned to my own native State to receive the honor I prize so highly. With this honor come duties and responsibilities, among which is the custom of an annual address.

This duty I would gladly evade, but I have not the courage to change the custom, hence have selected a subject about which I can write most, express but little, and know less: "The Relation of the Medical Profession to the General Public."

The medical profession in its broadest sense has a greater usefulness and more intimate relation to the public than any other profession. In olden times the physician and clergy were one. The humble Nazarene healed both the physical and spiritual.

The true physician of to-day deals not only with the physical, but the mental and moral nature of mankind, and perchance even the

*Presidential Address Tri-State Medical Society Alabama, Georgia and Tennessee, at Chattanooga, Tenn., October 11 to 13, 1900.

spiritual at times. He lives not alone for personal individual success, but upon that broader plane that elevates, develops and improves mankind.

His duty is not only to relieve the sick and suffering, but to uplift the fallen, encourage the weak and warn the erring of the consequences following vice and immorality. It is well for us to pause occasionally and meditate upon our position and relation to the general public, whether it be for good or evil.

What I shall say is not in a spirit of criticism, but with an honest endeavor to stimulate thought and action in a direction that will benefit humanity at large.

As physicians, students of human nature and the physical economy, we are expected to know more of the physical, mental and moral needs of humanity than any other profession. When we consider how closely these three attributes are linked, one interdependent on the other, then we recognize the necessity of every physician studying these higher characteristics of mankind.

Some physicians seem to think they have but little to do with the mental or moral, and have only to deal with the imperfections of the physical. How shall we recognize the abnormal except as a deviation from the normal, and how shall we deal with an effect other than empirically, unless we recognize the cause? Can we have a perfect mental or moral condition without a proper physical basis? Can the physical long remain normal with a diseased mind, or a depraved moral nature? "The evil that men do lives after them, the good is often interred with their bones." So the physical diseases and defects are buried with the body, while more frequently the mental and moral characteristics and defects are transmitted to the third and fourth generations.

We would gladly relieve ourselves of the responsibilities of considering these higher characteristics of mankind as physicians if it were possible, but can we consistently and conscientiously do so and discharge our duty as physicians and benefactors of the human race? I think I can safely assert that at least one-fourth or one-third of the diseases and ailments the physician is called upon to treat are due to immorality and intemperance, and if considered in a broad sense, 50 per cent. It is evident such diseases are preventable by proper instruction and moral influence. To this influence the physician does and must contribute, else cease to exist. He either helps to build up or tear down by precept, example and advice. He cannot be neutral and make a success. He unconsciously exerts an influence in the community in which he lives for good or evil over his associates and those who know him in proportion as his ability is recognized.

Influence once given out and words once spoken "are as white-winged birds that take their flight never to return again."

In advising patients the words of the physician should carry weight, wisdom and discretion, for they are ofttimes instructions to

health and happiness or to suffering and misery. There is no profession whose responsibilities are greater than the one which professes to be able to recognize and repair discord occurring in the "harp of a thousand strings." It has been truthfully said we are fearfully and wonderfully made.

It is even more wonderful how the tissues resist and eradicate disease, repairing the damage done, even at times overcoming the evil influence of treatment given.

Some diseases are necessarily chronic in character and prone to exacerbations, manifesting pain and nervous phenomena.

Especially is this so in neurological and gynecological work. We as physicians too often resort to stimulants and narcotics in such cases. Such remedies frequently give temporary relief, but at too great a sacrifice to the future welfare and interest of the patient.

Our duty is to search for and remove the cause rather than to prescribe a remedy that is liable to produce a condition worse than the disease from which the patient seeks relief. The indiscriminate use of the coal-tar derivatives, cocoa mixtures, coca-cola, stimulants and opiates by the public and profession should be condemned.

The profession, as a body, should use its influence against this growing evil affecting the present generation and try to check to some extent its blighting influence on generations yet to come.

When scientific investigations and experience demonstrate that permanent evil influence often follows a given remedy not alone on the individual taking it but to their offspring, it is a great responsibility to prescribe that remedy.

Dare any conscientious physician pass over such a question lightly? If he is not his brother's keeper, he professes to be his competent counsellor and adviser and morally responsible for the counsel and advice given.

If you had no knowledge of medicine would you ever forgive a physician for prescribing a remedy for your wife or child permanently affecting them physically, mentally and morally, when other remedies equally efficient were at command, and especially when the other remedies are not attended with such evil results?

The prolonged use of opiates and stimulants to pregnant and nursing women is fraught with evil and should be condemned for the sake of countless, helpless victims yet unborn.

At one time it was thought the physiological and therapeutical action of alcohol was well understood, but more recent investigations have cast a cloud over the time-honored customs in its use.

Now its food value is a question of doubt; surgical operations including abdominal sections, are frequently done without its use; typhoid fever and septic conditions in many instances treated as successfully without its use as with it.

Abbot and Lattinan (Jour. Amer. Med. Assn., Sept. 8, 1900, p. 628), by experiments on animals, find that alcohol increases the susceptibility to infection, and that animals to which alcohol has

been given in large or small doses die quicker from infection than those to which it has not been administered.

I am told by a physician who treats many cases of opium habit at his sanitarium, that at least 90 per cent. of the cases contract the habit from physicians' prescriptions.

OPIATES IMPORTED INTO THE UNITED STATES.

1871 to 1880 .....3,860,000 lbs.
1881 to 1890 .....4,917,000 lbs.
1891 to 1900 .....6,395,000 lbs.
and 208,000 ounces of morphia.

And this amount notwithstanding the amount of coal-tar derivatives used of late years for relief of pain.

In view of these increasing evils we should guard well the interests of the general public and those seeking our advice and counsel, in not prescribing a remedy fraught with so much danger unless the indications are definite and positive for its use, and then only when no other remedy less objectionable will answer equally as well.

One man fighting alone can accomplish but little in this day of trusts and organizatiens of all kinds, but a united profession of three States might accomplish much.

It is proverbial "doctors disagree," yet they are most sacrificing and noted for adherence to duty when once it is known. Would that I had the power of pen and tongue to express the opportunities of the medical profession for the uplifting of humanity and bettering the condition of the human race as I view it. No profession is better qualified than the medical profession to study the social problems that affect our race.

Being fitted and qualified for that duty carries with it a certain weight and responsibility if that work is left undone. The time is opportune and no better than the present meeting to inaugurate a movement that will bless humanity, lessen disease and suffering. Let us establish a committee in conjunction with the Tri-State Medical Society, representing Alabama, Georgia and Tennessee, to study social questions and problems affecting the development of the human race. A committee of such a character working in conjunction with their respective State Medical Association, uniformity of action can be secured and much good accomplished. Each member of the committee, one from each State, should serve for a term of three years, acting as Secretary, Treasurer and Chairman, one year each respectively; the State committeemen to be selected the same year as President from the respective States. If desired to enlarge the committee, the President and State committeemen may be empowered to select three or five additional members of the profession from their State to serve on the committee. This committee should make a report at each annual meeting of work accomplished in each State.

It is also suggested that the afternoon and evening of the first day of the annual meeting be set apart for the report of this committee,

with its recommendations and papers on social questions either by members of the committee or persons selected by them to present papers on such subjects. We cannot at this time enter into a discussion of all the phases of this question nor present it in a way its importance demands. Yet we will endeavor briefly to call attention to a few salient points bearing on this subject.

The physician, knowing more of biology and the relation of mind to matter, is most likely to study social questions from an unbiased standpoint. The study of these questions involves the laws of heredity, the influence of environment, and the value of training. The prevention of crime is a subject of no little importance, and especially so long as criminals and degenerates are allowed to propagate their species *ad libitum*.

In the study of so grave a question sentimentalism should be banished and the cold facts of logic applied, if need be experimentally at first, that we may ultimately reach the truth in matters pertaining to criminology.

The habitual criminal has no right to propagate and should be rendered sterile or not be allowed to marry and bring into the world helpless victims, doomed to destruction even before they are born. Such a course would prevent their reproduction and deter others from criminal acts. The diseased may have a moral right from a personal standpoint to get married and propagate a diseased race, but for the best interests of humanity certain restrictions should be thrown around this class.

The syphilitic, the marked tuberculous, either by acquirement or strong hereditary taint, should not marry; they should forego that pleasure, relinquish their personal rights and privileges for the sake of their would-be offspring and the general good of the public. Here it is the knowledge of the medical profession is essential to protect the public, do justice to the individual, and shield the innocent.

Medical knowledge is essential in the regulation and control of venereal diseases, which are on the increase and will be more so as a result of the Spanish-American and Philippine wars. This question involves moral and physical problems that must be well considered before its proper adjustment can be attained.

New Orleans Polyclinic.—Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, particularly laboratory work. Fourteenth annual session opened November 12, 1900. For further information address Dr. Isadore Dyer, Secretary, New Orleans Polyclinic, New Orleans, La.

Notice.—Sander & Sons' Eucalyptol.—Apply to Dr. Sander, Belle Plaine, Iowa, for gratis-supplied sample and literature on Sanders' Eucalyptol. Meyer Bros Drug Co., St. Louis, Mo., sole agents.

SOME REMARKS ON THE PRESENT STATUS OF THE PHYSICIAN IN THE UNITED STATES.*

BY EMIL AMBERG, M.D.,
Detroit, Mich.

It well becomes every physician to sometimes think of the position he takes in the profession and in the community, and, on the other hand, to consider what position the profession and the community take towards him.

We are aware that in this—our time, at the dawn of a new century, a feeling of discontent is prevailing in the medical profession, and it is the duty of every physician to form an opinion, and to take a decided stand in matters touching upon him as a medical man and as a citizen. It is very difficult, and I think sometimes impossible, to outline a great social problem in its entirety, but we can throw the search light on some factors.

In the New York Journal of Medicine of July, 1839, John Watson, M.D., in an article, "A Summary View of the Progress of Medicine in America," says, on page 11: "Our medical colleges, which, at the commencement of the present century, were limited to four, have since increased to nearly thirty, an increase altogether uncalled for, and the effects of which have been rather injurious than beneficial. The 'Free Trade' and 'No Monopoly' principles of Adam Smith, how beneficial soever in commerce, in those branches of industry to which he himself would have applied them, or in those occupations in which man may look directly to a full return of remuneration for his enterprise of labor, have a chilling and unkindly influence upon science. They should never have been extended to our halls of learning, and, least of all, to a class of institutions which in his, as in all countries, require protection and encouragement rather than opposition."

Two great questions are involved in this subject: First, the education of the physician; and, second, the increase in the membership in the medical profession. Both are of vital importance, not only for physicians, but also for the public.

The same author (Watson) says further in his article: "The efforts made by these woodland schools have another evil tendency. The inducements held out by them for individual patronage are diminution in the expenses and in the period of study. Their requirements for graduation are, consequently, not sufficiently elevated, and in this way numbers of badly educated men are thrown upon the public."

This might have been written with a slight modification to-day instead of in 1339. We see that a great progressive country can make a great step backwards concerning some points, for we must regard it as a step backwards if we think of the enormous increase

* Virginia Medical Semi-Monthly, February 8, 1901.

in the number of medical schools, and of their graduates, under existing circumstances.

It is for us to decide whether this practice shall continue. Already voices are heard all over the country condemning the present state of affairs. The public becomes aware of the fact that it did not control sufficiently the institutions from which men are turned out to which their lives are entrusted, and the physicians become more and more alarmed by the fact that we already have one physician to about six hundred inhabitants, and this in our time of better economic and continually improving hygienic conditions.

Let us, for a moment, review the moral side of the question. Dr. Chas. T. McClintock, in a paper before the American Academy of Medicine (see Bulletin of the American Academy of Medicine, Vol. IV., No. 2), says: "Probably the most skillful advertisers in the profession are to be found among those sitting in high places—the college professors. On the one hand, the professor; on the other, the public. The student, the physician to be, is the go-between, and how he does work that student for patients in years to come. One of the favorite methods is to take the latest foreign work on the subject to be taught and give it to the student almost verbatim as 'in my opinion,' 'my experience, 'I believe'—and it succeeds, as is evidenced by the ever-increasing number of medical colleges which do not pay a dollar in salaries, and the clamor for positions on the faculties of our medical schools."

While corresponding on the subject with a prominent member of the profession, I could write the following letter, which the doctor permitted me to publish. It reads in part:

"..... you say: "I hold that the State ought to provide sufficient funds for the adequate and thorough instruction of all the pupils in every medical institution already legally authorized and for such others as the increase of population may cause to be established under the regulations of the State."

I still think that this sentence expresses a very dangerous policy, because the stock company medical schools are already legally authorized, and I am sorry to say that after my present opinion, I do not agree with you when you say: "But although it is true that most of them were such, yet they were commercial undertakings prompted by the highest motives and by the desire on the part of learned and successful men to establish means of instruction in a science and art of which they were exponents."

I envy you for your optimistic view of the matter, although you may be justified in expressing yourself thus from your experiences in New York.

In the first place, I doubt very much that "highest motives" prompt these medical business men. Second, I am not sure that they are always learned.

Furthermore, you say: "In no proper sense can these colleges be compared with an ordinary business venture such as is involved in the establishment of dry goods and grocery stores."

It appears to me that we have many colleges which are the most contemptible ordinary business ventures, and I regard the motives of a dry goods merchant and a grocery keeper as much higher than the motives of those who, preying on the credulity of the inexperienced masses and of the uncautioned young men, flourish by the process of an entirely unethical and dishonest misrepresentation of the value of their goods which they give in exchange for the cash value they receive from the student and from the public.

If a man sells groceries, he puts the goods before the customer, who knows their value; and if he does not like them, or can get them better and cheaper in another place, he is not obliged to buy them. The goods of a grocery keeper are always open for inspection to every one, cent for cent. It is different with the many private medical schools.

Near-sighted legislatures established laws which give a number of men the privilege to open medical schools. There are usually some proprietors, or a number of managers, who have charge of the firm, and they engage their clerks, respectively, teachers, instructors and demonstrators, to make the combination appear powerful on the outside. Unscrupulous advertising tempts many young men into the nets of those institutions, and once caught, we have the same experience as we have with other societies, religious sects, etc. The eyes of many become blind for the unprejudiced view of the matter.

We know that quacks attract people by personal qualities, which may not be bad in themselves; on the contrary, they may be commendable if viewed by themselves; but if used for deceiving the public, they are, knowingly or unknowingly, fraudulent.

When we consider that the higher a man stands the less his mistakes are excused, I, for my part, must most decidely declare that in many instances the higher motives of the so-called professors in medical schools of a certain quality must be doubted very much. Naturally, I do not speak of all medical schools.

Permit me to make two suggestions. First, those institutions which you call "public"—but which I am still obliged to call semi-private—are, undoubtedly, far superior to the private medical institutions—the stock companies. Would it not be well to try to abolish the private medical schools by arousing the professional and also the public sentiments against them, so that a respective law may have more chance of being established?

Second, would it not be a wise step to form a combination of the best semi-private, or, as you say, public medical schools, perhaps under the name "Association of the United States Medical Colleges?" If only ten colleges would belong to this, it would mean a great deal for the whole country.

"It would not be impossible, in my mind, to have the graduates of these colleges given the right to practice all over the United States without any further examination. This would, in many ways,

in a peaceful manner, open the door for a great many improvements." * * * * * * *

That I am not wrong, is proven by the report of the Committee on Colleges and Standards of the Board of Registration in Medicine in Michigan. The committee reported that several colleges were not fulfilling the promises of their catalogues and announcements, and in some instances that a college on paper is one thing, and in reality another. No particulars are given as to the location of these colleges. What shall we think of this? We know that the State of Michigan at present is publicly investigating the Tontine and Debenture Companies. Is a medical institution less important?

I understand that in one college young men have been obliged to teach some subjects whilst they are prepared for and more inclined to others. This proves, first, that the faculty has not a sufficiently developed regard for their own college, but runs the same on mere business principles; second, that it stands in the way of the enthusiastic young candidate and practically crushes in the bud the ambition of a young, scientifically inclined man, well aware that the young man will not decline any position; third, that an injustice is done to the students. On the other hand, it tends to abolish the ideal side of the medical calling and put forth the mere business part, as the faculty knows well that many a young man will accept any position because any connection with a medical school is a splendid medium of advertising. Happily, the public is becoming more and more aware of the real state of affairs.

In order to illustrate the position of the public towards physicians, I shall confine myself to one point in this paper—viz: the question of medical experts. Sometime ago a murder case was tried in Detroit, and each of the opposite parties used about five physicians in order to establish an idea about the legal responsibility of the murderer. What a spectacle for the public. No wonder that one of our best lawyers took occasion to touch upon the weak points in an able paper read before a medical society, and no wonder that a daily paper took occasion to speak editorially of the unreliabilty of medical expert testimony.

Thus, a daily paper can try to shake the confidence of the people in regard to the medical profession. Is it surprising that people turn to osteopaths and Christian scientists?

It appears to me that the medical profession all over the United States becomes more and more aware that affairs cannot go any longer this way. Fortunately, a start has been made for betterment in the movement aiming at Inter-State Reciprocity for the License to Practice Medicine, which movement necessarily includes all questions mentioned. Many local and county societies are taking interest in the question—the Section on State Medicine of the American Med. Assn. is studying the same. The American Academy of Medicine intends to discuss it; also, the American Institute of Homœopathy and the Eclectic Medical Association of the United States are

enthusiastic on the subject, and, what is another important factor, the National Confederation of State Medical Licensing and Examining Boards intends to devote its attention to the subject. In order to strengthen the move, a larger number of physicians should support the same. They are entitled to join the Confederation according to its constitution, which reads in part:

"Article III, Section 2. Physicians not members of an examining or licensing board, may, upon application to the Council, be nominated by it to the Confederation and be elected to membership by a two-thirds vote of the members present at any meeting.

"Section 3. The members shall have equal rights and privileges except in voting for the rulings."

When, in 1839, Dr. Watson pointed out the weak conditions concerning medical schools, he did not dream that things would in general be worse sixty years afterwards—worse, if we consider the progress along other lines.

I do not intend to reflect in any way on the character of men who are connected with the medical schools, and who act in good faith. I do, however, accuse the system which is generally in vogue, as a bad one.

Upon the entrance into a new century, our minds turn backwards to the accomplishments in the last century, and, by necessity, turn to the future with the question on our lips, "What will the new century bring?" It naturally will bring us what we deserve. The various sides of the relation of the medical men to one another and to the public, have been talked over rather sufficiently, it seems to me. What we need is action. If only all of the 125,000, or more, physicians in our country would have the courage of their conviction, we could hope that much might be accomplished in the near future. A little less secrecy and a little more interest on the part of the profession, will soon bring about a state of affairs which will be more satisfactory,

102 Miami Ave.

AN IMPORTANT CLASS OF SKIN DISEASES AND THEIR TREATMENT.

By EUGENE C. UNDERWOOD M.D.,
Surgeon B. & O. R. R., Louisville, Ky.

That class of skin diseases which dermatologists denominate the trychophyteses comprise several types which are very frequently met in practice, and a proper comprehension of their treatment is very necessary. In fact the skill with which these minor affections are handled very often determines a family in favor of a physician.

Tinea circinata, ringworm, as it is commonly called, is a most prevalent affection and it entails a great deal of annoyance. Acetic acid is a remedy that has long been employed in the treatment of

ringworm, but it has always been very unreliable. I have obtained the best results from this prescription:

℞ Sander's Eucalyptol, two drachms.
Spts. Vin., rect., six drachms.
M. Sig. Paint the affected parts three times daily after washing with a non-irritating soap.

The action of this prescription is most rapid, and I have seen no case that persisted longer than three days when the patient followed directions; but usually the ringworm disappears the second day after treatment is begun.

Tinea favesa also yields to this treatment readily. In fact it is rare to see a case that persists longer than a week. In treating tinea favesa I employ the above prescription. I must say that it is necessary in these cases to very carefully remove the crusts. Warm water and a bland soap is necessary and we must be careful to not work injury to the parts.

Tinea versicolor is another form of skin diseases which has a parisitic origin and which produces much unsightliness of the skin. This affection happily yields to correct treatment. The disease surface should be washed with a bland soap and the scales removed carefully. After this the following prescription can be employed with the utmost confidence:

℞ Sander's Eucalyptol three drachms.
Spts. Vin. rect., q. s. to make three ozs.
M. Sig. Rub in the affected parts.

Two applications are usually sufficent to effect a cure.

In the treatment of *tinea sycosis*, commonly called barber's itch, the following prescription will be found of special value. In fact, nothing in the domain of therapeutics is more of a specific.

℞ Sander's Eucalyptus, two drachms.
Glycerine, two ounces.
Spir. Myristicae, one ounce and a half.
M. Sig. Rub into the face in the evening after having shaved, and in the morning a bland ointment should be applied.

The treatment here advised in these forms of skin disease is to be preferred, because it will be found in all cases to be reliable. In fact, results can be looked forward to with a degree of certainty that is not true of any other treatment.

Again, the Eucalyptol is non-irritating—if the practitioner will do as I—use only Sander's Eucalyptol.

This—Sander's Eucalyptol—is the only preparation of eucalyptus which is reliable. In fact, every other preparation which can be found has fallen short of producing results. It should be employed to the exclusion of all other eucalyptus preparations.

These forms of skin affections are only a few diseases in which Sander's Eucalyptol is valuable.

THE CLOSURE OF CUTANEOUS WOUNDS WITHOUT SUTURE.*

By HOWARD LILIENTHAL, M.D.,
New York.

Infection along the track of a suture is an accident which occasionally occurs in spite of every precaution known to surgical science. It is particularly annoying when the operation was supposed to be a clean one, and much of the final success depends upon absolute primary healing. Take, for example, the removal of the vermiform appendix during an interval between accute attacks. Here we strive to leave the abdominal wall as nearly normal as possible, with no weakened portion at the site of the incision. Primary union is essential if this ideal result is to be attained. Suppuration among the deeper layers of the parietes usually leads to the formation of an insecure cicatrix with the probability of hernia in the future. Now, it is a matter of common observation that ligatures and buried sutures, no matter of what material they may be, rarely become infected, but that the suppuration of stitch-holes in the skin is comparatively frequent. The most plausible explanation of this is that the sutures become infected from the skin itself. This is hardly to be avoided in a certain proportion of cases, because of the well-known impossibility of sterilizing the deeper layers of the living human skin, and when infection occurs it is apt to spread to the deeper parts of the wound even in the presence of drainage.

Certain suture materials appear to invite trouble more commonly than others. Catgut and the other absorbable animal substances not only are pabulum for bacteria, but in the presence of infection they swell by imbibition, thus plugging the suture-openings and causing retention. Silk, silkworm gut, and the other non-absorbable substances do not swell and may even act to a limited degree as drains in the presence of infection. Still, they, as well as the catgut group, may carry pathogenic bacteria from the skin to the deeper portions of the wound. Silkworm gut and the other rigid materials have the additional fault that they do not conform exactly to the position of the tissue planes, as does the more pliable silk. Spaces are therefore formed in the suture tract which, filling with lymph or blood clot, become septic in the presence of very minute quantities of infectious germs which the living tissue under other conditions would be able to counteract.

The subcuticular suture has been devised to meet the objections to the employment of stitches which perforate the skin. It is applied by passing the needle through the deep layers of the skin while the lips of the wound are everted, thus burying the stitches. This method is a decided improvement upon the older ones, but it is not always simple to carry out and requires more time than the other

* New York Medical Journal.

sutures. Besides, its removal in case of necessity may be a little complicated.

About four years ago I began testing various methods of wound treatment, in selected cases, without the use of cutaneous sutures of any kind. The deeper layers of the wound were closed in the usual manner with the aid ef suture materials of various kinds, absorbable and non-absorbable, but the wound in the skin was merely covered with sterilized gutta-percha tissue, and left thus until the healing process was well under way, when the edges were approximated with strips of india-rubber zinc plaster, 20 per cent., made by Dieterich, of Helfenberg, Germany. This plaster is an elegant preparation, very adhesive and pliable and non-irritating. It was torn into strips about six inches long and from an eighth to a quarter of an inch wide, which were applied at an angle with the line of the incision. Bulging surfaces lend themselves most readily to this form of treatment, and here the strips may be applied at right angles to the wound. In depressions or hollows the strips must be placed at an oblique angle to the line of the wound. The front and sides of the abdomen are especially adapted to this kind of wound closure, while in the groins it is not in every case applicable.

The results were gratifying, the deep sutures healing in beautifully, whether they were absorbable or not. It then occurred to me to employ the method at the time of the operation instead of waiting until repair had begun. In other words, I would make use of an aseptic method of pre-antiseptic days, for the closure of wounds with plasters is very ancient. For nearly three years, in my hospital service and in private practice, I have as a routine treated wounds in this manner, and I am so well satisfied with the results of the procedure that I feel it my duty to recommend its general application. The wounds made in the operations for abdominal section, nephropexy, major amputation, kelotomy and amputation of the breast are some of those which have been closed by the plaster, and thus far I have seen no infections attributable to its use in spite of the fact that Dieterich's plaster is not guaranteed to be aseptic and does not come in a sterilized container. For the last few months I have been using a plaster made in this country by Johnson & Johnson at my suggestion. They have found that the zinc-rubber plaster may be rendered perfectly sterile by exposing it to the fumes of formalin in a vacuum chamber, and the plaster is now furnished sterile and in a sterile container. The containers each hold enough plaster already cut in strips to close an ordinary wound six inches in length. It is sold under the trade name of Sterilized Z. O. strips. Any of the material which is left over is thrown away or it may be resterilized.

Before applying the plaster one must be careful to check all hemorrhage and to dry the skin thoroughly with alcohol or ether. The strips are then laid on while an assistant adjusts the edges of the wound. The method should not be used when there is tension, but

only when the wound can be closed without force. It is perfectly applicable to the partial closure of wounds when drainage is employed. The strips should be removed on the fifth or sixth day by loosening both ends and drawing them toward the wound. If the adaptation of the edges has been careful, the wound in a clean case on removal of the plaster will look like a mere scratch. A second application of the plaster is not necessary, a dry sterile covering being sufficient. If at any part of the line the edges of the wound have not been accurately approximated, the surface should be thickly dusted with a dry aseptic powder.

In conclusion, I would say that a trial of this method of aseptic wound closure is earnestly advised. In addition to its advantages in the saving of time—often an important element when the patient bears the anæsthetic badly—it conduces to more perfect and aseptic healing, and does away with the necrosis of cutaneous tissue from constructing sutures.

679 Madison Avenue.

COUGHS: THEIR SUPPRESSION AND CURE.

By Dr. LOUIS DeLORNE,
New York City.

The treatment of coughs in general has always been varied and unsatisfactory. In the science of medicine there has ever been the difficulty to find a good remedy to relieve pain and distress in many phases of chest troubles, and particularly in coughs of bronchitis, pneumonia and phthisis.

With all the numerous remedies of the materia medica, though each has had some particular value, there has always been the disadvantage of some unpleasant therapeutic effect following their use.

Stomach disturbances, constipation, stagnation of the secretions, increased temperature, diminished expectoration, excessive narcotic effect, the danger of habituation, etc., etc., are some of the complications experienced, and more especially are these conditions to be expected after the administration of codeine or morphine.

Furthermore, even admitting the value of codeine or morphine (with their undesirable after-effects) in certain cases, how often do they utterly fail to mitigate the coughs of phthisis, bronchitis and whooping-cough, and also prove their absolute uselessness in laryngitis, asthma, etc.?

How especially important it is to have an efficient remedy for the cough of phthisis pulmonalis, which would not cause the disagreeable stagnation of secretory products of the lungs, that would not weaken the respiratory apparatus nor have any deleterious effect on the heart.

Surely the profession has long felt the need of something to replace the various opiates for the suppression and cure of coughs, something that should be superior, more reliable and safer. A remedy that would not only be efficient, but safe for the treatment of the sympathetic cough of pregnancy. A remedy that can be used where heart complications occur. A remedy that will promptly check incessant, hacking cough, and paroxysmal coughs, which rob the patients of rest and sleep.

Doubtless a remedy proving unusually meritorious in treating these various forms of coughs, and one which would be free from the unpleasant characteristics of morphine and codeine, will be of much interest to my colleagues and of much importance to the profession of medicine. With this fact in view I have concluded to submit the notes of a few cases to show the exceptional good results obtained with a product recently introduced to the physician for his consideration.

I, like most physicians, look with the greatest skepticism on the ever-appearing articles on new remedies, and would not now have the opportunity to express my present satisfaction, if I had not been repeatedly urged by some of my confreres to try this new preparation in a few cases that were then giving me the greatest trouble.

The complete clinical reports of Prof. Morris Manges, of the Mt. Sinai Hospital of New York, Dr. W. Freudenthal of New York, Dr. B. Turnauer (Weiner Medizinische Presse, No. 12, 1899), Dr. A. E. Beketoff (Klinische Therapeutische Wochenschrift, No. 14, 1899), following their investigations with heroin, I find to coincide with the results I have experienced with glyco-heroin (Smith), but I would here impress upon those interested that my entire investigations were made with glyco-heroin (Smith) only, excepting the few instances where I tried tablet triturates, and found them decidedly unsatisfactory.

Without doubt the merit of this preparation is to be attributed to its excellent composition, viz: heroin, one-sixteenth grain; ammon. hypophosphite, three grains; hyoscamus, one grain; white pine bark, three and one-half grains; balsam tolu, one-quarter grain, and glycerine sufficient to make one dram, wherein the therapeutic properties, if the drugs are properly compounded, and which is evidenced in this preparation, will be acknowledged desirable by every physician. Here I would point out the special advantage that this preparation possesses over heroin in any other form, viz: the unnecessary administration of other remedies, while your patient is being treated with glyco-heroin (Smith), wherein you not only get the palliative effect of the heroin, but have an admirable combination of remedies to bring about absolute cure in most cases. On account of the absence of syrup, instead of which glycerine, with its solvent and medicinal qualities, is used, there is not experienced the usual derangement of the stomach following the administration of preparations containing sugar or syrup.

The addition of ammonia hypophosphite also appealed to me, for its superiority as an expectorant over other like remedies is an established fact and must add much to its therapeutic value.

From the white pine bark contained therein, the astringency of which is, no doubt, modified through the soothing effect of glycerine, I found a very beneficial effect on the mucous membranes, thereby proving this also a valuable and desirable addition.

If, with our knowledge of the superiority of heroin as a sedative, we closely scrutinize the formula of this preparation, we should not fail to observe the efficiency of this combination, the therapeutic value of which has been proved by careful physiological experiments in the laboratory with accurate observation on its therapeutic action before being introduced to the medical profession, whose demands upon a new remedy, before permitting its admission to a permanent place in the materia medica, are at the present time much more exacting than in the days of empiricial pharmacy.

Believing that the individual results observed in a vast number of cases following the clinical investigation of a remedy to be superfluous, I shall here give the records in only a few of the cases in which I have tested glyco-heroin (Smith), and which are as follows:

I. George N.; a case of pulmonary tuberculosis. The patient, who had been unable to sleep except in a sitting position, suffered from a violent cough, with a great deal of expectoration and dyspnœa. Respiration, 32; temperature in the afternoon, 103°; pulse, 120. The paroxysms of coughing were very violent, one following another in rapid succession. He had been given codeine and morphine, but the cough and other symptoms persisted. Finally he was given a teaspoonful of glyco-heroin (Smith) (containing one-sixteenth grain of heroin) every three hours. That night he was able to lie down and sleep, only coughing twice during the night. After taking a teaspoonful every three or four hours for one week, his respirations were reduced to 26, temperature 101½° in afternoon, pulse 98. He said he had not coughed more than a dozen times during the entire week, his night-sweats had been very much diminished, appetite improved.

2. Mrs. S.; has been confined to her bed with a severe case of la grippe for two weeks. On recovery she suffered with a persisting and harassing cough. Various narcotics and expectorants were administered, but afforded no relief. One teaspoonful of glyco-heroin (Smith) was given every two hours. She obtained relief after taking the first dose. The next day she took one teaspoonful three times a day. At the end of the fourth day the cough had left her. The only unpleasant effect was she complained of being drowsy the first day.

3. Joseph S., sixty years old. Had suffered since 1895 from chronic bronchitis. Had a violent cough, could not sleep nights. There was no emphysema in this case. He was placed on the following treatment: Potasium iodide, five grains three times daily,

and glyco-heroin (Smith), one teaspoonful every three hours, the first week. After that the glyco-heroin (Smith) only was given three times a day. This case ended in complete recovery.

4. A case of whooping-cough in a child eight years old, who had sixty or seventy paroxysms daily. Glyco-heroin (Smith) in twenty-minim doses every four hours soon reduced the paroxysms to between twenty and thirty a day, and the violence of the paroxysms was very much abated.

5. The three children of Mrs. C. had whooping-cough; the baby, one year old, suffered very much; the paroxysms were very violent. In this case the results were very good and almost instantaneous; after the second dose of glyco-heroin (Smith) the violence and frequency of the paroxysms abated; the child made a quick recovery. The other two children had very mild attacks, which I believe was also due to the glyco-heroin (Smith) adminstered.

6. E. D., sixty-three years old, had suffered for the past four years with chronic bronchitis; while being free from cough all summer, it seemed to increase in severity each winter, and he dreaded the return of the cold weather. I was called in September 28th and found him suffering with a violent cough and a great deal of dyspnœa. With the aid of glyco-heroin (Smith) I have stopped the cough; he has not taken any of the glyco-heroin (Smith) since October 23d, and there has been no return of the cough. His present condition shows a complete cure.

In all tuberculous cases the cough diminished until practically absent, patients slept better, appetite increased, gained in weight, and the temperature reduced to about normal.

In several cases of whooping-cough where other remedies had been tried in order to relieve the paroxysms of coughing without result, with the use of glyco-heroin (Smith) the results were all that could be expected, as there was decided relief from the paroxysms of coughing, and all were able to sleep and rest well.

In acute bronchitis glyco-heroin (Smith) acted very promptly, and not alone was the cough relieved in a very short time, but also the whole general condition of the patient was rapidly improved.

In chronic bronchitis the preparation is very serviceable. The expectoration is facilitated and the dyspnœa diminished, owing to the fact that the air enters more completely into the alveoli in consequence of the increased inspiratory force.

In bronchitis the results were also satisfactory. If the precaution of lowering the upper part of the body was observed to aid the patient to get rid of much of the accumulative secretions by gravity, a few small doses of glyco-heroin (Smith) during the day and a full dose at bed time would always make the patient very comfortable.

In pulmonary emphysema and bronchial asthma glyco-heroin (Smith) is decidedly superior to any other remedy therefor used.

During the attack of asthma, with the administration of this remedy respiration is stimulated, and the individual paroxysms were not

only shortened, but the interval between the attacks is distinctly lengthened.

In acute pneumonia the results were very gratifying, since in most of the cases the harassing cough was speedily controlled and the patient's comfort was increased as well by the stimulation of the respiration, the dyspnœa becoming much less marked.

And now, summing up all data of the clinical investigations carried on under my observation, I must say that we have here acquired a reliable, prompt and effective remedy with the following advantages:

A reduction of temperature.

Prolonging respiration and at the same time increasing the volume of each inspiration.

Almost devoid of hypnotic effect.

Absence of danger of acquiring the habit.

It does not weaken the respiratory apparatus.

Does not cause unpleasant disturbances of the stomach or intestines.

Is without deleterious effect on the heart.

The ratio of therapeutic to the toxic dose is many times smaller than that of morphine or codeine.

Its decided beneficial effect in all dyspnœa.

It does not constipate, or rarely, and then only slightly.

Acts as a stimulant to the respiratory center, and stagnation of the secretions is excluded.

And in comparative doses with codeine, the latter is shown to produce nausea and vertigo, while these symptoms are absent during the administration of glyco-heroin (Smith).

In conclusion, I would say that in all cases here cited, and many others as well, the instant relief obtained marveled both myself and patients. I have never, with any remedy for similar indications, enjoyed the confidence I have in this preparation, and now have the pleasure in not only having offered relief and cure in the cases wherein this remedy was first suggested, but find glyco-heroin (Smith) almost indispensable; and more especially so when I again consider codeine or morphine, with all their bad effects, as remedies compared with this preparation, which, on investigation, I found to be not only a true pharmaceutical product, but also an ethical product in every sense that the physician applies this term in designating a medicinal preparation worthy of consideration by the medical profession, and for this reason I have no hesitancy in giving my experience with the same, but rather feel that any treatment of disease that proves of especial merit should always be brought to the notice of the profession.

The preparation is well worth investigating, and will surely prove a valuable addition to the "armamentarium" of every physician.

Medical Society of the Missouri Valley.—The semi-annual meeting of this society was held in Omaha, March 21, under the presidency of Dr. V. L. Treynor, of Council Bluffs. After disposing of fifteen interesting papers the members repaired to the banquet hall of the Paxton and there regaled the inner man. Stimulated by the delicate viands and Allouez sparkling water, the flow of wit and humor was continuous throughout the evening. Dr. D. C. Bryant acted as toastmaster, introducing the following speakers: "Preventive Medicine and Politicians," Dr. V. L. Treynor; "How We do it in Missouri," Dr. Chas. Wood Fassett; "The Physician Himself," Dr. W. O. Bridges; "A Specialist's Opinion on Too Much Talking," Dr. Donald Macrae, Jr. The next (annual) meeting of the Society will be held in St. Joseph, September 19, after which the members will be tendered a complimentary outing to Eureka Springs, Ark.

"THE CHOICE OF OPERATIONS FOR STONE IN THE BLADDER."*

BYRON B. DAVIS, M.D.

The writer starts out with the statement that the best operation for stone in the bladder is the one which the most nearly answers the following conditions:

1st. Has the lowest operative mortality.

2d. Is followed by the smallest percentage of recurrences.

3rd. Most nearly restores the urinary apparatus to a normal condition.

He then shows that the operation of lithotrity has a small mortality, chiefly because it is only used in the comparatively simple and uncomplicated cases. In the hands of lithotritists the serious cases are treated by one of the cutting operations, and of course their results show a large mortality. It is also shown that men who practice consistently the supra-pubic method in all cases as they present themselves have a mortality which bears comparison with the results of the most skilled lithotritists.

The number of recurrences when the cutting operations are practiced, followed by drainage, are few. Quoting from men with large experience, it is shown that after lithotrity, recurrences are very frequent, one in seven cases or oftener. In assigning a reason for these numerous recurrences, the author finds that after lithotrity, the conditions which lead to the formation of stone in the first place are not removed by the operation of lithotrity. The condition most frequent is stagnation combined with the presence of micro-organisms. It is furthermore asserted that no man can be sure he has emptied the bladder of all fragments and particles of sand, and these, if left behind, will serve as nuclei for fresh stones.

*Original abstract of paper read before the Western Surgical and Gynecological Association, Minneapolis, Minn., December 28th, 1900.

On the other hand, when drainage is used after a cutting operation until all infection has passed away, one of the chief factors in the production of recurrence is eliminated. Through an incision, all fragments can easily be removed; if the prostate obstructs, it can be dealt with in such a manner as to insure complete emptying of the bladder in the future.

Dr. Davis operates, in practically all cases, by the supra-pubic method. After removing the stone and doing anything called for within the bladder, he closes the supra-pubic bladder wound, using superficial drainage to insure against infiltration of urine in the event of leakage. He then quickly establishes median perineal drainage, using a large catheter in the perineal wound, maintaining careful asepsis until all indications of cystitis have disappeared.

The final conclusions of the author are:

1st. The mortality of lithotrity, when all classes of cases are considered, is no lower than that of the cutting operations.

2d. The patient's condition after lithotrity is often no better than before.

3d. Recurrences are much more frequent after lithotrity than after the cutting operations with drainage.

4th. Lithotrity is not adequate to deal with the more serious and complicated cases, and the simpler ones will, most of them, recover after any operation done aseptically.

Omaha, Neb.

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EDITED BY

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SECRETARIES OF MEDICAL SOCIETIES will do us a favor by keeping us informed of dates of meetings of same, etc

FEES AND COMMISSIONS—A REMEDY.

In all the discussion that is taking place in our profession all over the country in reference to the morality of the general practician asking or receiving a commission on the fees from cases that he refers to a consultant, it is admitted by both parties to the controversy that the general practician has a real grievance. For instance he has been treating a case at $2.00 a visit, and the case develops in such a manner as to require the services of a surgeon. The latter gets a large fee for his operation, while the physician who undertook the responsibility of recommending surgical intervention gets nothing for his very real services in the case except his fees up to the time of operation, and perhaps some afterwards, but all out of proportion to the surgeon's reward.

This uncomfortable situation has been met by such members of our profession as are careless of the nice points of honor by dividing the fee behind the patient's back. The deception practiced on the patient by this arrangement is the dishonorable feature of the transaction, despite the apparent justification supplied by the circumstances of the case. If the practice went no further, professional dignity and self-respect might for a time be maintained, but the inevitable result of the adoption of this pernicious custom will be the degredation of the ethical standards of each one of us to such a pass that of necessity the general practician will hawk his cases from one

consultant to another until he finds the one who will give him the largest commission; while on the other hand the consultant will be continually increasing the commission he offers, in order to keep cases from going to his competitors.

The result is too horrible to contemplate with equanimity. If the medical profession does not awake to a proper realization of its present dangers and throttle this practice in its infancy, medicine will in a very few years cease to be an art and a science, will become merely a mercenary trade, and honor will be unknown among us.

The question now at once arises—How may we best combat this growing evil? In every city and town the thoughtful physicians are attacking this problem, and medical societies are discussing it. Everywhere the unfortunate position of the general practician when referring cases is admitted, but as yet no remedy seems to have been suggested which at all fully meets the many necessities of the problem. It seems to us that this lies in the failure to sufficiently analyze the causes that have led up to the existence of present customs. Certainly a prominent cause lies in the fundamental difference between the fees of the general practician and of the consultant. In other words the root of the whole difficulty plainly lies in our antiquated and senseless method of charging for our services.

While it would be hard to find a more difficult problem than that of throughly revising our methods of making fees, it is perfectly certain that such reform would at once wipe out the slight apparent justification for commissions, and would put the practice of medicine upon a truly professional basis. With patience it seems reasonable to think that the public could be taught new customs in the payment for medical services.

Let us now see the real difference between the fee of the consultant and the remuneration of the general practician. The former, like a lawyer, charges a lump sum whose amount is based upon his skill, his reputation, the nature and responsibility of the case, and the demands upon his time. This is just as it should be. The general practician, however, is the victim of a foolish custom of charging so much for each visit, no matter what service he renders. A mild case of measles, or other self-limited disease, nets him the same recompense as attendance on a case of severe typhoid, of intestinal obstruction, or other grave disease. This is the very acme of folly. The general practician should be free to regulate his charge by the value of the service rendered and of the responsibility assumed. Curiously enough in minor surgical cases, such as fractures, that are chiefly cared for by the general practician, it has always been the custom to regulate the charge by the location and severity of the injury, and the public is well accustomed to this plan.

How easy it would be therefore for the medical societies to arrange a "fee bill" for purely medical cases. For instance, the charge for caring for a case of measles might be from $10.00 to $50.00, according to the severity and complications of the disease. For ty-

phoid the charge might be from $50.00 to $200.00, according to the circumstances of the case.

The amounts could be ascertained by committees comparing the average experience in medical cases, and the charge could be readily regulated by each physician to suit the ability to pay of his families. The principle would remain, however, that the doctor's charge is made for the service rendered, and not proportioned to the number of times he may see the patient.

With this custom adopted by the general practician it would be very easy to insert in the "fee bill" some such provision as this: "For sharing the responsibility of urging surgical intervention, 25% in addition to the fee charged by the surgeon." This charge would be explained beforehand to the patient and his friends as having been agreed upon by all physicians. In each case then the surgeon and the physician could regulate their charges to accord with the gravity of the case, the difficulties to be encountered, and the ability of the people to pay. It would not be a commission paid clandestinely, but a regular fee for a definite service. By this plan the demand for commissions would pass away by the complete relief of the difficulties that seem to demand them.

Not for many years have medical societies discussed the matter of fees, although at one time each county society had a committee for the purpose and the matter was very carefully considered, as is evidenced by "fee bills" that we have inherited. Let the medical societies appoint committees to investigate the matter thoroughly, and once more let us see the Cleveland Medical Society take the lead in this important reform.

By doing as herein suggested all necessity for ever discussing "commissions" will be swept aside, and medical fees will be graduated similarly to legal fees. The adoption of this plan will enable the general practician to secure really adequate fees for great services rendered in an important case. Once we have adopted the new method, the courts will recognize its validity, and in a few years the public will learn to adapt itself to the changed conditions. By this means medical services will be more fully remunerated, and the practice of medicine will become more dignified. There will never be a better time than the present for initiating this reform.

[The above is an editorial in the April issue of the Cleveland Journal of Medicine proposing a radical remedy for existing conditions. We would like to hear from the physicians in reference to this question of dividing fees, and the measure suggested for its settlement.]

"Yes, that's Dr. Boggs."
"Allopath, homeopath, horse or divinity?"

THE AUGUSTA MEETING OF THE MEDICAL ASSOCIATION OF GEORGIA.

This Association will meet in Augusta on the 17th, 18th and 19th of this month. It is the earnest desire of its officers and members that it be the largest meeting yet held. To make it more pleasant and interesting than past meetings will be difficult. It will fully equal the past meetings in this respect if not surpass them, and this is saying a great deal.

Scientific medicine in the South, by virtue of its brainy men, has kept well up to the fore, and as a result the programme this year contains papers of exceptional ability, interest and value. Whether one has a thesis to read or not, it is their duty to themselves, their patients and their fellow-practitioners to give to their Association their support by their voice and presence.

We wish to appeal to all regular practitioners in the State, who are not already members, to become so at once and come with all members to Augusta to this meeting. No one will go away with regrets. In organization there is perfection of action and success that can be obtained in no other way. By and through their attendance of every individual member, and all the new members that should, for their own personal good, be present in proportion, will they give success to what cannot succeed so well without them.

There are in Georgia to-day modest, retiring practitioners, who do not have the time or the inclination to put upon paper those things which may seem of a lighter vein to them, or unworthy to be written. Herein lies our fault. There are things these men know that would be of great interest and value if written and add much to medical knowledge. Perhaps you, reader, are one of these that can add to medical knowledge. If not, you can be if you only will.

Augusta will welcome and make at home every regular practitioner in Georgia. The good fellowship of your equals is in store for you. Your interests are there at that time. The latch-string of Augusta's hospitality hangs on the outside.

Programme Fifty-second Annual Meeting, Medical Association of Georgia, to be held in the City Court room of the Richmond County Court House, Augusta, Ga., April 17th, 18th and 19th:

OFFICERS.

President—Samuel C. Benedict, Athens.

Vice-Presidents—First, R. M. Hardin, Rome; Second, V. D. Lockhart, Maysville.

Secretary—Louis H. Jones, Atlanta.

Treasurer—E. C. Goodrich, Augusta.

FIRST DAY—WEDNESDAY, APRIL 17.

Morning Session, 9:30 O'clock.

Prayer—Rev. C. C. Williams.

Address of Welcome—On behalf of the city, Hon. Jacob Phinizy; on behalf of the profession, Dr. J. B. Morgan.

Response by Dr. Frank Ridley, LaGrange.
President's Annual Address.

Surgery.

1. Excision in Tuberculosis of Joints, Hip and Wrist—Dr. Howard J. Williams, Macon.
2. Report of Surgical Cases—Dr. W. F. Westmoreland, Atlanta.
3. Report of Surgical Cases—Dr. Thomas R. Wright, Augusta.
4. Internal Derangement of the Knee Joint, with report of three cases of removal of the Internal Mensiscus, or Semi-Lunar Cartilage—Dr. George R. Fowler, Brooklyn.
5. The Pronated Foot—Dr. Michal Hoke, Atlanta.
6. The Early Operation for Appendicitis from a Pathological Standpoint—Dr. J. C. Carpenter, Standford, Ky.
7. A Rational Non-Operative Treatment for Appendicitis—Dr. M. X. Corbin, Savannah.
8. Report of Unusual Surgical Case—Dr. Hugh Burford, Brunswick.
9. Gastrostomy for Foreign Body in the Oesophagus—Dr. Wm. S. Goldsmith, Atlanta.
10. A Hystorectomy with Interesting Complications—Dr. John G. Earnest, Atlanta.
11. Ectopic Pregnancy—Dr. W. S. Elkin, Atlanta.

Afternoon Session, 2:30 O'clock.

1. Subphrenic Abscess and Other Complications—Dr. J. McF. Gaston, Jr., Atlanta.
2. Report of Compound Fracture of Lower Jaw—Dr. P. R. Cortelyou, Marietta.
3. Cæsarean Section, with Report of Successful Operation on a Patient with a Rachitic Pelvis—Dr. E. C. Davis, Atlanta.
4. Conservative Operative Treatment for Appendicitis—Dr. W. E. Fitch, Savannah.
5. Lung Injuries—Dr. D. A. N. Thomas, Jersey.
6. The Advantages of the X-Ray in the Treatment as well as the Diagnosis of Certain Surgical Cases—Dr. Marcus F. Carson, Griffin.
7. Some Points in the Administration of Chloroform—Dr. T. M. McIntosh, Thomasville.
8. The Alum Enema in the After-Treatment of Abdominal Operations—Dr. Virgil O. Hardon, Atlanta.
9. The Treatment of External Cancer with Caustic Potash—Dr. M. B. Hutchins, Atlanta.

Second Day—Thursday, April 18.

Morning Session, 9:30 o'clock.

1. A Modification in the Technique in the Removal of the Kidney; Closure of Deep Lacerations of the Cervix Uteri; Removal of Fibroid Tumors of the Lower Section of the Uterus by Spiral Incision. New Obstetrical Forceps and Axis Traction Rods.
—Dr. Geo. H. Noble, Atlanta.

Ophthalmology, Otology and Laryngology.

1. Diseases of the Mastoid—Dr. A. W. Calhoun, Atlanta.
2. The Use and Abuse of Nasal Spray—Dr. Dunbar Roy, Atlanta.
3. Protargol: Its Efficacy in Ophthalmia Neonatorum and Trachoma—Dr. J. Lawton Hiers, Savannah.
4. Report of Six Cases of Congenital Mutes and Speech Established. —Dr. M. M. Stapler, Macon.
5. A Contribution to the Study of Deafness. —Dr. Ross P. Cox, Rome.
6. Epidemic Sore Throat—Dr. L. J. Sharp, Harmony Grove.
7. Syphilis in Relation to Diseases of the Eye. —Dr. Alex. W. Stirling, Atlanta.
8. Report of Cases, Twenty-five Operations for Mastoiditis. —Dr. J. M. Crawford, Atlanta.
9. Ophthalmia Neonatorum, from the Standpoint of the General Practitioner—Dr. M. L. Currie, Savannah.
10. Otorrhœa—Dr. William Lewis Bullard, Columbus.
11. The Baneful Effects and Curability of Catarrhal Inflammation of the Upper Air Passages—Dr. Arthur W. Hobbs, Atlanta.
12. Otorrhœa and Its Management—Dr. J. H. Shorter, Macon.

Afternoon Session, 2:30 o'clock.

Obstetrics, Gynecology and Pædiatrics.

1. Treatment of Endometritis—Dr. Wm. Clifton Lyle, Augusta.
2. The Importance of Proper Management of the Third Stage of Labor; The Cause and Treatment of Some Forms of Hemicrania—Dr. J. H. Bradley, Dublin.
3. Infant Feeding—Dr. S. A. Visanska, Atlanta.
4. Bottle-Fed Babies—Dr. Wm. Z. Holliday, Augusta.
5. Treatment of Gastro-Intestinal Disorders in Children. —Dr. F. V. Turk, Stilesboro.
6. Pneumonia in Infants and Small Children. —Dr. W. Jay Bell, Atlanta.
7. Quinin as an Ecbolic—Dr. O. B. Bush, Colquitt.

THIRD DAY—FRIDAY, APRIL 19.

Morning Session, 9:30 o'clock.

General Medicine.

1. Medical Supervision of Schools and School Children. —Dr. Edgar J. Spratling, Forsyth.
2. Marriage and Heredity: Its Relation to Insanity. —Dr. T. O. Powell, Milledgeville.
3. Marriage: Its Relation to Tuberculosis.—Dr. J. S. Todd, Atlanta.
4. Venereal Diseases: Their Prevention. —Drs. Childs and Champion, Atlanta.
5. Yellow Atrophy of Liver, with Report of Case. —Dr. T. E. Oertel, Augusta.
6. Some Observations in a Series of Fifty Cases of Malaria. —Dr. E. E. Murphey, Augusta.
7. Intubation Tetanus—Dr. Jas. T. Ross, Macon.

Afternoon Session, 2:30 o'clock.

1. Antiseptic and Eliminative Treatment of Typhoid Fever.
—Dr. T. V. Hubbard, Atlanta.
2. Hydrophobia: Its Prevalence and Prevention.
—Dr. Henry Slack, LaGrange.
3. Some Social Problems—Dr. R. R. Kime, Atlanta.
4. The Diagnosis and Treatment of Some Forms of Gastric Diseases.
Dr. W. B. Crawford, Lincolnton.
5. Variola—Dr. F. M. Ridley, LaGrange.
6. Types of Small-Pox—Dr. Eugene Foster, Augusta.
7. Malaria Neuritis—Dr. St. J. B. Graham, Savannah.
8. A New Discovery in the Treatment of Chronic Diseases, Dependent Upon Cell Changes—Dr. J. Cheston King, Atlanta.

General Information.

Place of Meeting—City Court Room.

Entertainments—A banquet will be given the Association by the medical profession of Augusta, on Thursday evening, at half-past nine o'clock.

Railroads—Those attending the meeting must obtain from the ticket agent at point of starting a certificate that they have paid full fare to Augusta. These certificates must be signed by the Secretary of the Association, Dr. Louis H. Jones, at Augusta, and vised by Mr. M. C. Jones, special agent of the railroads. Upon presentation of these certificates at the railway station in Augusta a return ticket will be issued at one cent a mile. Conductors are not allowed to recognize these certificates. Tickets good three days before and three days after meeting.

Hotels—Bon Air, $3.00 per day—special. Planters, $2.00 and upwards per day. Albion, $2.50 and $3.00 per day.

NOTE.

Remember that The Georgia Journal of Medicine and Surgery is a practical journal, dealing with the needs of everyday work of physicians and surgeons. No matter how many journals you take, The Georgia Journal of Medicine and Surgery does not duplicate any of them. It has cut a niche of its own which no other journal can exactly fill. It is of equal importance to all doctors everywhere or anywhere.

The Journal wants your subscription. If your name is not already on our list, enclose $1.00 in stamps, money order, currency or check, and we will send you the Journal for the year 1901. Beginning with January, this year, we reduced our subscription rates to $1.00 per year when paid in advance; otherwise $2.00 per year.

EDITORS' TABLE.

Doctor, The Anasarcin Chemical Co., of Winchester, Tenn., call your attention to something new in the treatment of dropsies. Literature and samples on request. See advertising page V.

* *

Messrs. Eldred, Simkins & Co. ask your attention to "Nephrotone," a new formulæ in chronic intustitial nephritis. See advertisement page VI.

* *

The Agnew Pharmaceutical Co. point out the merits of Cot-ar-al on page XXI indicated in La Grippe, Acute Rheumatism, Myalgia, etc. Write them for literature and samples, 1028 Arch street, Philadelphia.

* *

Robinson-Thermal Bath Co. (see advertisement on page XIX) tell you about a new hot air bath.

* *

Antibrule Chemical Co., St. Louis, on page XV, call attention to something new and efficient in "The Vade Mecum of Modern Surgery." Look up the advertisement.

* *

W. D. Allison, on page XIV, shows illustrations of the "real thing" in up-to-date office furniture.

* *

The Acneine Pharmacal Co., of Omaha, Neb., ask you to try ACNEINE in those troublesome cases of skin diseases. Advertisement on page X.

* *

The Agnew Pharmaceutical Co., 1028 Arch street, Philadelphia, have issued a handsome celluloid vest pocket visiting list, which they will be glad to send the profession complimentary, provided you send business card and mention seeing this offer in the GEORGIA JOURNAL OF MEDICINE AND SURGERY.

* *

RAILROAD RATES FOR JUNE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—The Committee on Transportation report for this territory one fare (regular), plus $2.00 for round trip. The Evansville and Terre Haute Railroad and associated lines will run solid vestibuled trains from Atlanta to St. Paul, through sleepers, no change of cars or stop-overs. Dining cars and all conveniences for physicians and their families.

* *

MINNESOTA BILL TO REGULATE MARRIAGES.—The State Senate, on Friday, March 22d, reconsidered and finally passed Senator Chilton's bill prohibiting the marriage of insane, epileptic and idiotic persons,

and requiring a medical certificate of all applicants for marriage licenses. Amendments were adopted making the physician's certificate not quite so sweeping, and permitting the marriage of any feeble minded person over 45, the bill originally having extended such permission only to women.

* *

Contagion Among Nurses.—Cornet states that two-thirds of the members of the religious sisterhoods, who work among the sick, die of tuberculosis. * * Rumpel reports 114 cases of disease with 10 deaths among the 300 nurses employed in the Hamburg hospitals, and 43 deaths among the 2,349 nurses in the eighteen Red Cross hospitals in Germany; seven from typhus and sixteen from other infective diseases during the last three years. The total number of cases of disease acquired professionally amounted to 640, including 56 cases of typhus, 53 of diphtheria, 15 of scarlet fever, 6 of measles, 30 of wound infection, and 118 of various forms of angina.—*Jour. Asso.*

* *

Medical Etiquette in China.—Chinese doctors are said to be even more scrupulous than their white brother practitioners in regard to the nice points of professional etiquette. Indeed, if reports be true, this honorable custom it at times carried to very inconvenient lengths. The following amusing tale is related in an English journal, which, if not veracious, is at least bentrova to: A Chinese gentleman was struck by an arrow, which remained fast in his body. A surgeon was sent for, and broke off the protruding bit of the arrow, leaving the point imbedded. He refused to extract it, because the case was clearly one for a physician, the arrow being inside the body.—*Medical Record.*

* *

Wyeth's Prepared Food.—This prepared food is not a mere mechanical mixture, the bulk of which is composed of sugar; in fact it contains no cane sugar, glucose, molasses, or sweetener of any kind, its pleasant taste, rendering it so acceptable to invalids, infants and others, being derived entirely from the desiccated milk, with its natural milk, combined with the agreeable odor of the prepared cereals and the sweetness of the extract of malt. As an infant's food it is positively ideal, as more nutritious and at the same time simpler materials for such a food could not, in our judgment, be brought together, and by mixing it with fresh, pure milk, and in some cases a little cream, a most nourishing and powerfully restorative food can be obtained for older children or adults.

* *

As to Quackery.—It is a curious characteristic of human nature or of a great deal of human nature, that people who would grudge paying a cent to a regular medical practitioner will cheerfully pay a

great deal of money to an irregular medical practitioner. Go where you will and you will find the quack prosperous. His rooms are full of patients, and his patients are full of faith. Men and women will buy wondrous remedies from traveling mountebanks who do not disdain to sing a comic song on the wagon from which they peddle their nostrums. Natural bonesetters, and long-haired "Indian doctors," and botanic doctors ignorant of botany, and faith healers of many kinds, abound; and the trade of most of them is good. The world likes to be healthy, but it loves to be humbugged. If a thousandth part of the blind, unhesitating faith that cleaves so readily to incompetent, and often illiterate, practitioners of fantastic means of healing were bestowed upon religion, there would be no complaints that the churches are not filled. But often those who are full enough of doubts of the supernatural so far as it relates to their souls are quick to believe in an almost or altogether supernatural gift of quack salves to cure the body. Legislation can do but little if anything to interfere with the gains of the medical pretenders or of the professors of visionary and semi-religious medical "science." You cannot legislate away a state of mind; and the state of mind of thousands, perhaps millions of persons, is one of class credulity in humbug. Their delusions and illusions can be removed only by experience and a wider knowledge. They take their own lives and the lives of their families in their hands when they neglect the methods and the agents of modern medicine and surgery and resort to the moonshine of Christian "science," or to any other crank system, or to any individual quack. But you cannot prevent people from killing themselves if they have the will; and you will only stimulate faith in quackery by giving it a chance to yell "Persecution!" A private arrangement between patient and "healer" will nullify any provision of law forbidding the "healer" to heal for a consideration. A gift can take the place of a fee; and "gratuitous" treatment can be acknowledged with a gratuity. The best way to deal with a delusion is to let it alone. Common sense must win in the end.—*New York Sun.*

A medical student was asked to take a Sunday-school class. He got on very well with the questioning, but when it came to imparting knowledge he was a little lacking. He managed Abraham, Isaac and Jacob very well, but when he explained that Esau was a man that sold his after-birth for a bottle of potash the vicar hinted that it was time he was home and had his tea.

Doctor—"There's nothing serious the matter with Patsy, Mrs. Mulcahey. I think a little soap and water will do him as much good as anything."

Mrs. Mulcahey—"Yis, docther; an' tell me, will Oi give it t' him befoor or afther his males?"

NEW BOOKS.

FROM LEA BROTHERS & CO.

A System of Practical Therapeutics—By Eminent American and Foreign Authorities. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics, Jefferson Medical College; Physician to Jefferson College Hospital, etc., Philadelphia. New (2d) edition, thoroughly revised. In three handsome octavo volumes, containing 2593 pages, with 427 engravings and 26 full-page colored plates. Per volume, cloth, $5.00, net; leather, $6.00, net; half morocco, $7.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1900.

The first edition of this work was issued some ten years ago and met with a very hearty welcome from the profession. This edition is based upon the first, but a great improvement has taken place in this department of medicine and the work has been improved in proportion. Nearly one-half of the articles are entirely new and the rest of the material has undergone a most complete revision. The scope of the work has been enlarged and now covers the entire field of medical and surgical therapeutics.

VOL. I.

Volume I covers General Therapeutic Considerations, Prescription Writing, Remedial Measures other than Drugs, Preventive Medicine, Diathetic Diseases and Diseases of Nutrition.

General exercise, rest cure for neurasthenia, electro therapeutics, hydrotherapy, climate, mineral waters and their medicinal use, massage and Swedish movements, disinfection, diseases of the thyroid and thymus glands, including myxodema-cretinism, Grove's disease and obesity, chronic articular rheumatism, arthretis and gout, diabetes mellitus, diseases of the blood, the treatment of syphilis, tuberculosis, scrofulosis, and scorbitis.

Among the contributors to Volume I are H. C. Wood, M.D., LL.D., Joseph P. Remington, Phar. D. Ph., M.D., F.C.S., I. Burney Yeo, M.D., F.R.C.P., J. K, Mitchell, M.D., Simon Barnch, M.D., S. J. Metzler, M.D., James Tyson and others, well known authors.

VOL. II.

In Volume II will be found presented in a new way typhoid and malarial fevers, small-pox, varicella, rubella scarlitina, yellow fever, dengue, tonsilitis, influenza, acute articular rheumatism, diphtheria, croup; diseases of the mucus membranes of the mouth, pneumonia-croupus and catarrhal, whooping-cough, asthma and bronchitis; diseases of the heart, stomach, blood vessels, kidneys, liver, gall bladder and spleen; locomotor ataxia, myelitis, apoplexy neuritis, insanity and diseases of the skin.

Among the contributors to Volume II we mention: J. M. Anders, M.D., H. H. Baumster, A.M, M.D., Sir Lauder Brunton, M.D., LL.D., F.R.S., Joseph Callins, M.D., Floyd M. Crandall, M.D., F. X. Dercum, M.D., J. P. Crozier Griffith, M.D., H. A. Hare, M.D.,

Fredrich Packard, M.D., M. Allen Starr, M.D., Henry W. Stetwagon M.D., Ph.D., William H. Thompson, M.D., LL.D., William H. Welch, M.D, and other well-known writers of international repute.

VOL III.

Volume III takes up the subjects of Surgery, Anethesia and Surgical Technique, Fractures and Dislocations and Minor Surgery, Surgery of the Lungs and Pleura and of the Peritoneal Cavity, The Rectum, Anus and Diseases of the Genito-Urinary Apparatus, and of Parturition and the Puerperium, Diseases of the Eye and Ear and of the Upper Respiratory Tract.

The opening chapter, by Chas. L. Leonard, M.D., is a masterly review of the subject of Anesthesia and Anesthetics.

Dr. Chas. H. Frazier goes into the minute details of Aseptic Surgical Technique.

Dr. Henry R. Wheaton writes at length on Fractures and Dislocations, using many excellent illustrations to elucidate his subject, as well as many superb X-ray skiagraphs, which make fractures plain.

Peritonitis, Non- and Post-Operative Appendicitis, Paratyphlitic Abscess, etc., are subjects from that erudite writer, Dr. Geo. R. Fowler, of Brooklyn, a master surgeon, who writes authoritatively.

Dr. Joseph M. Matthews, of Kentucky, contributes a chapter on his specialty: Diseases of the Rectum and Anus.

Therapeutics of the Male Genito-Urinary Tract—By William T. Belfield, M.D.

Therapeutics of the Genito-Urinary Diseases of Women—By Edward E. Montgomery, M.D.

Therapeutics of Pregnancy, Parturition, and the Puerperal State (new)—By Edward P. Davis, A.M., M.D.

Diseases of the Eye and Their Treatment by the General Practitioner—By Casey A. Wood, M.D.

Diseases of the Ear and Their Treatment by the General Practitioner—By S. MacCuen Smith, M.D.

Diseases of the Nasal Chambers and Associated Affections—By E. Fletcher Ingals, M.D.

Diseases of the Uvula, the Pharynx and Larynx—By D. Braden Kyle, M.D.

This volume is a text-book on surgery in itself. It tells the general practitioner how to do and perform everything in a surgical way that he is likely to meet, as well as how to conduct post-operative treatment in cases which have required a surgical specialist. The engravings and colored plates are richly instructive and freely appear elucidating the text.

The great success achieved by this work in its first edition demonstrates its particular adaptation to the requirements of practicing physicians, those who are well enough posted themselves to realize that constant improvements are being made in treatment which it behooves them to use for their own and their patients' benefit.

No part of medicine is developing so fast as the apex—the end, aim and object of it all—namely, the best thing to be done, or practical therapeutics, whether non-medicinal means are to be employed or medicines in their best combinations. This work covers all and tells all in the best and plainest manner, with full details and prescriptions for all contingencies. The advances aforesaid are represented to the latest date in this new edition, which is well worth its value to owners of its predecessor and is indispensable to all who would be thoroughly equipped with an authoritative guide and complete reference book on practical medicine. As an aid to the general practitioner or the specialist this work is invaluable. It is a library in itself, in fact it is better, as it has the practical and useful parts of many libraries and much experience, arranged in convenient form for handy reference. The mechanical part is done in Lea Brothers' best style.

Progressive Medicine.—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; Laureate of the Royal Academy of Medicine in Belgium; of the Medical Society of London, etc.; assisted by H. R. M. Landis, M.D., Assistant Physician Out Patient Department Jefferson Medical College. Vol. 1, March, 1901—Surgery of the Head and Neck and Chest; Diseases of Children; Infectious Diseases, including Rheumatism, Laryngology, Rhinology and Otology. Bound in cloth. 430 pages. Issued quarterly. Price $10 per year. Philadelphia and New York: Lea Brothers & Co.

It is with much pleasure that we take up the first volume of Progressive Medicine in its third year.

That some authoritative summary of current medical literature, presented in a narrative form, was needed by a large number of the profession has been satisfactorily demonstrated by the success of the publication.

This new quarterly makes undoubtedly the best, most complete and authoritative review of advances in scientific medical literature, with special reference to its practical applications, that has yet been made. The editor is to be congratulated on the set of contributors secured, the contributors on their thorough, painstaking work, and the publishers on the excellent combined result that editor's, contributors' and publishers' efforts have reached.

It is utterly impossible, in a short review, to call attention to all the commendable features of this volume. The reviewer cannot avoid mentioning some of the most striking discussions of practical subjects. Dr. J. Chalmers Dacosta, in the section on Surgery of the Face, Neck, Lips, Tongue and Mouth, gives thoroughly up-to-date practical reviews of such subjects as "Carcinoma of the Lip," "Cleft Palate," and "Bullet Wounds of Chest," etc.

Dr. Fredrich Packard discusses infectious diseases, including Acute Rheumatism, Croupous Pneumonia in Influenza.

Dr. Floyd M. Crandall writes instructively on Diseases of Children.

Pathology receives attention at the hands of Ludviz Hektoen, M.D.

In closing, the reviewer cannot but be impressed with the character of the work as compared with the present numerous "Annuals" or "Year Books" published with the object of recording, in condensed form, the greater part of medical literature of the year. Yet, in most of them, the process of "boiling down" has been practiced without first sifting the useful from the useless, with the result that the busy physician has presented to him a mass concentrated, it is true, but so varying in quality that the good can only be separated from the bad by a process as difficult as that needed for the utilization of the first crude material. We advise all physicians who desire something practical in the way of "progressive medicine" to buy these volumes as they are issued.

FROM D. APPLETON & CO.

A Text-Book of Gynæcology.—Edited by Charles A. L. Reed, A.M., M.D., President American Medical Association (1900–1901); Gynæcologist and Clinical Lecturer on Surgical Diseases of Women at the Cincinnati Hospital, etc. Illustrated by R. J. Hopkins. One 8-vo. Volume. 1,000 pages; 400 illustrations from original drawings. Cloth, $5.00; Sheep, $6.00. 1901. D. Appleton & Co., New York City.

The author's aim, in presenting a Text-Book on Gynæcology, is to place before the practitioner and student a working manual, embracing the latest approved developments of gynæcology, including those of later date than are, or can be, included in a work of similar magnitude by a single author. Dr. Reed's idea was to issue a strictly up-to-date volume, and, with the assistance of a number of co-laborers, his efforts have proven phenominally successful. Only writers of recognized ability, who have already made valuable contributions to science, were selected and assigned subjects with which they had acquired a reputation as teachers and writers. The writers were asked to treat their respective topics not only in a general way, but freely express their views. We mention a few of the contributors: Ballentyne, of Edinburg, and Cameron, of Glascow; Coe, of New York; Clark, of Philadephia; Foster, of New York; Gant, of New York; Hare, of Philadelphia; Taber Johnson, of Washington; Herzog and Harris, of Chicago; Wyatt Johnson, of Montreal; McMurtry, of Louisville; Potter, of Buffalo; Robb, of Cleveland; Ross, University of Toronto; Ravogli, of Cincinnati, and other eminent men of international reputations.

The editor, in the table of contents, gives each writer credit for contributions to the work, assigning topics upon pathology to path-

ologists, and the subjects of bacteriology, dermatology, neurology, hygiene, general surgery and internal medicine are likewise assigned with similar appropriateness. As a consequence a single chapter, in many instances, is based upon the contributions from several writers and the whole rendered systematic and homogeneous, unified and blended into a consecutive text by the editor's careful supervision.

While this arrangement is a departure from text-book writing with which we have been accustomed, still, it is commendable, and Dr. Reed has given the profession an admirable text-book, pregnant with modern, up-to-date ideas.

The teachings will also satisfy a large class of practitioners, who would like to take post-graduate instruction, but find it impossible to leave home. They are busy men, who have to keep abreast of recent progress, and this work will suit their demands.

This is one of the best text-books for students and practitioners which has been published in the English language; it is condensed, clear and comprehensive. The profound learning and great clinical experience of the distinguished author find expression in this book in a most attractive and instructive form. Young practitioners, to whom experienced consultants may not be available, will find in this book valuable counsel and help.

The Appletons do their part of the work well, giving the volume that mechanical perfection for which they are justly popular.

A Text-Book of Nursing for the Use of Training Schools, Families and Private Students. Compiled by Clara S. Weeks-Shaw. Second Edition, Revised and Enlarged; Illustrated. Cloth, $1.75. D. Appleton & Co., New York.

The literature on the subject of nursing is, in many respects, excellent. Its comparative newness has been much improved during the past decade. Many new and excellent manuals and text-books have been placed on the market, and one of the best works on the subject is the one before us. Written in a concise, practical manner, giving thorough information for systematic teaching in all the duties devolving upon the nurse. When this book is used as a text-book in training schools it will be necessary to supplement an elementary course in Anatomy and Physiology.

In this revision a new chapter has been added on Gynæcologic Nursing, which is a valuable addition. A chapter on food, and its administration directions are found for the preparation of fifty forms and varieties of food. We bespeak for this work a large sale.

FROM P. BLAKISTON'S SON & CO.

A Text-Book of Ophthalmology.—By John W. Wright, A.M., M.D., Professor of Ophthalmology and Clinical Ophthalmology in the Ohio Medical University; Ophthalmologist to the Protestant Hospital, Columbus, Ohio, etc. Second Edition, Thoroughly Revised. 370 pages. Cloth binding, $3.00. P. Blakiston's Son & Co., Philadelphia, Pa.

This work was originally written for the student in his class work in college. The arrangement of the subject matter is in keeping with his needs. First, the anatomy and physiology of the eye is carefully presented. Then the diseases and their treatment in such natural order that the subjects treated prepares the student for a thorough understanding of the anatomy, physiology, diagnosis and treatment of the affections of the eye.

The author, in revising this work, has endeavored to place before the profession the latest and most improved treatment for many of the affections of the eye, which are usually first brought to the attention of the general practitioner, and which he should be able to successfully handle, provided he observes the instructions concisely outlined in this work. Practical tests have been devised by which he may be able to recognize refractive errors, so that he can refer the patient to one competent to relieve the abnormality.

Another important feature of the work is a glossary—or rather a dictionary—of all terms used in this book relating to the eye. This will serve to save the student much time in searching for the meaning of a word, and oftens prevents his passing it entirely, for his medical dictionary is not always at hand.

The work is turned from the press on good paper, heavy cloth binding. We commend it to the profession.

Manual of the Diseases of Children—By John Madison Taylor, A.M., M.D., and William H. Wells, M.D. Second edition, thoroughly revised and enlarged. Illustrated. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. 1901. Price, $4.50.

This edition is indeed revised and greatly enlarged. We have an idea that this should be called a text-book rather than to style it a "manual." In this revision more than one hundred pages are added and besides the pages are larger. This has given an opportunity to the authors to entirely rewrite and in many places materially enlarge their first statements. Doubtless it was a pleasure for them to do so since they were forced to condense so much. Moreover, they have been able to thus bring the new edition clearly up to date. Especially is this true in regard to infant feeding. Much study has been given to this subject by many authorities during the last few years. We have here presented the latest results arrived at. That these are final, or, indeed, that we have yet attained to much that is final in the study of children's diseases, we are inclined to doubt. But we all wish to have the latest and best information from many sources, and we are inclined to believe many will rather secure it in this large manual rather than in the larger treatises which must soon go out of date. Full credit is given by the authors to the work of the great leaders, Holt, Rotch, Starr and others. Among other subjects which have been most usefully revised and completed up to date we may note, the home modification of milk, digestive diseases,

nervous diseases and infectious diseases. This does not mean that other portions like heart, kidneys, skin and blood have been neglected. The arrangement of the subjects is practical rather than strictly scientific. The phraseology is clear and pleasing; the orthography is good, and subject matter fairly balanced in the amount of matter allotted to each. The views expressed are moderate and temperate; the teaching sound and conservative.

The authors of this work modestly disclaim for it the title of textbook, which it deserves, as it covers in a very satisfactory way the whole field embraced in this subject. The material is condensed and thoroughly up to date. It is not easy to particularize its leading points, as it would necessarily make the review too long. The illustrations are valuable and explicit. The mechanical part is well done, and we heartily commend the work to physicians and students

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FROM E. B. TREAT & CO.

Pulmonary Consumption, Pneumonia and Allied Diseases of the Lungs.—Their Etiology, Pathology and Treatment, with a Chapter on Physical Diagnosis. By Thomas J. Mays, A.M., M.D., Professor of Diseases of the Chest in the Philadelphia Polyclinic; Visiting Physician to Rush Hospital for Consumptives, etc. 300 pages. Cloth binding, $3.00. E. B. Treat & Co., 241 W. 23d Street, New York. 1901.

The author devotes the first twelve chapters to the Etiology of Consumption; the following two chapters to Symptoms and Clinical Types of Consumption. Then follows two chapters on the Therapeutic Treatment of Consumption. Following will be found two chapters on Clinical Treatment and Nursing Tuberculous Patients. The author has been devoting his study and teaching to this one branch of science for thirty years, and from his long experience has arrived at the following conclusions:

I. That pulmonary phthisis, in the large majority of cases, is primarily a neurosis, and that the pulmonary disintegration is secondary.

II. That any agent, influence or conditions which undermines the integrity of the nervous system will engender pulmonary phthisis, or some other form of pulmonary disorder.

III. That the only remedies of value in the treatment of phthisis are those which appeal to and act through the nervous system.

IV. That of special value in the treatment of phthisis is the counter irritant action of silver nitrate introduced hypodermically over the vagi in the neck.

It will be observed, after carefully examining this work, that the author holds views at variance to long-taught theories and practices. The book is one that will be read with interest by the profession.

FROM THE RIVERTON PRESS.

Panama and the Sierras.—A Doctor's Wander Days. By G. Frank Lydston, M.D., Professor of Surgery in the Medical Department of the Illinois University and Chicago Clinical School; Professor of Criminal Anthropology in Chicago—Kent College of Law; Author of "The Tales of a Talkative Doctor." Cloth binding; 300 pages; $1.75. The Riverton Press, 132 Market Street, Chicago, Ill.

The work is essentially a sketch book of travel in a most interesting part of the world. Unlike other books of its class, it is devoid of the dry, unessential data and description that characterizes most books of travel. The author, being a native son of the Sierras, born amid the stirring scenes of the early mining camps of the Toulumne valley, give a special attractiveness to his descriptions of scenes and characters from the Sierran Hills. Three trips across the Isthmus of Panama have given him an intimate and familiar understanding of the most picturesque and interesting region. The author's descriptions of voyages are very interesting.

For a good time, he says: "Always go on a 'Wandering Willie,' a tramp of the ocean, that goeth when it pleaseth the captain, and cometh as it pleaseth the elements. Give me a ship that starteth according to no man's watch, and arriveth as only the heart of him that loveth the seas could desire." It is a book that would interest a tired doctor, who needs a recreation from text-book study. We bespeak for the volume a large sale.

FROM THE VIR PUBLISHING CO.

What a Man of Forty-five Ought to Know. By Sylvanus Stall, D.D., Author of "What a Young Boy Ought to Know," "What a Young Man Ought to Know," "What a Young Husband Ought to Know," "What a Man of Forty-five Ought to Know," etc. Cloth $1.00. Vir Publishing Co., 1601 Real Estate Building, Philadelphia, Pa.

This is the last of Doctor Stall's Self and Sex Series, and contains information which ought to be in the possession of every man of middle life, for usually he knows so little of the physical change, and less of its great significance to the happiness and future welfare of his wife. This book will place within his reach that intelligence and sympathy which would mitigate the trials and struggles through which she passes during this period. We heartily commend, not only the principal, but the execution of what it aims to teach.

PROGRESS
—OF—
MEDICAL SCIENCE.

THERAPEUTICS

UNDER THE MANAGEMENT OF
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Iodine Used Hypodermatically in Pulmonary Tuberculosis.—After noting the fact that essentially the same tissues are affected by iodine as by the tubercle virus A. C. Croftan (*Jour. Am. Med. Assoc.*, Nov. 17, 1900) reports 27 cases of incipient pulmonary tuberculosis which he has treated by hypodermatic injections of iodine. Nineteen of these were cases of incipient tuberculosis with only circumscribed areas of infection, while in eight cases larger areas in one or both lungs were involved. A ten-per-cent. solution of iodipin was the iodine preparation used. Beginning with one drop of iodipin in one-half dram or so of sterilized oil, each day the dose of iodipin injected was increased by one drop until improvement was apparent. Much depended on the personal idiosyncrasy of the patient and the stage of the disease. There were never any bad effects of any sort from these injections of iodipin. More than sixty minims a day have not been injected. The results were uniformly beneficial. The appetite improved, the cough and night-sweats became less severe, and the patients gained in weight and improved in spirits. The physical signs were modified and seemed to show that the process was at least being held in abeyance and rendered latent. The writer does not consider the results obtained so far conclusive, as the number of cases is as yet small and they have not been observed sufficiently long, but he does think that the results warrant an optimistic view of the efficiency of this method of treatment.—*Med. News.*

Some Statements Concerning Calomel.—Prac. del Med., Sept., 1900, says that the fact that certain erroneous notions regarding calomel are entertained, especially its incompatibility with other drugs and the danger of its transformation into corrosive sublimate has led it to make the following statements: 1. Calomel cannot be changed into corrosive sublimate in the short time it remains in the alimentary canal; it is a very stable salt, and only small quantities are transformed into soluble albuminates. 2. Purgative doses are quickly eliminated with the feces, while small, fractional doses remain in the intestine for a long time, and, being changed into soluble salts, may be absorbed; this is the reason why calomel in smal

and repeated doses is more dangerous than in a single large dose. 3. Substances which contain sodium chlorid are not incompatible with calomel; those containing hydrocyanic acid are incompatible with it, because they lead to the formation of mercury cyanide, which is very soluble and rapidly absorbed. 4. It is dangerous to administer calomel which has for a long time been mixed with powdered sugar. 5. Calomel should be kept in opaque and well-stoppered bottles, for under the influence of light and air it partially decomposes. 6. Calomel should be in the form of an amorphous powder, fine to the touch, and of uniform whiteness.

Quick Removal of Tape Worm.—W. J. D., age 24, white male, had been feeling unwell for several days, and knew no cause, as he was otherwise healthy; but in a week or ten days after the first symptoms, he began to pass joints or sections of the Tænia Solium in nearly all the evacuations from his bowels. The patient being a young man of reading and intelligence, consulted the books and tried the usual remedies, such as petroleum, pumpkin seed, oil of turpentine, etc. For several weeks, including the time from middle of August last to the last of October, the patient had consulted me and manifested so much anxiety that I began to think of some new mode of treatment. So on the 23d of November last he called on me with the usual statement that nothing seemed to do any good in the way of expelling the parasite. I asked him to spend the following night with me at my office. I suggested that he would not eat any supper or breakfast, and the next morning about 8 o'clock I gave him internally a teaspoonful of chloroform just before I went to breakfast. Just after my return from the breakfast table I gave him two tablespoonsful of castor oil, and insisted that he stay on the bed. I had reasoned that the chloroform would have its peculiar effect upon the parasite, and told the young man as soon as the castor oil would move the contents of the bowels freely, that he might expect his wormship. So just after noon on the same day that he took the chloroform and oil his bowels moved freely and he brought the vessel to me containing the entire worm. It was apparently dead, as I had predicted, but after we had washed it in tepid and cold water and laid it on a board and measured it, the worm showed itself to be alive, and as I supposed had recovered from the effects produced by the chloroform. The parasite was about twenty-five feet long. This process may not be new, but to the writer it is a new departure in the treatment of the Tænia Solium—to chloroform him and make him let loose and at once expel him. Now the patient appears to be quite well.—*A. J. Weldon in N. C. Med. Jour.*

Opium Poisoning Treated with Permanganate of Potassium.—By Eustorjio Calderon, M.D. (University of Salvador, C. A.), San Francisco, California, in Pacific Medical Journal.

Permanganate of potassium oxydizes the morphine which is contained in the stomach when taken by the mouth, or which appears

in that organ through resorption after hypodermic injections of the drug. Mangandioxide is insoluble and, therefore, harmless. A solution of morphine mixed in a test-tube with permanganate of potassium gives a sediment, and above this remains a colorless layer which does not show any more morphine reactions. The morphine appearing gradually in the stomach, permanganate of potassium has to be administered either through the stomach-pump, by the mouth, or hypodermically, and this must be done at different intervals, according to the severity of the poisoning. If the quantity of morphine taken is known, the proportion of five parts of permanganate must be used internally for three parts of morphine, or the stomach must be washed out with the stomach-pump with a solution of permanganate, 1 to 5000, until the water comes out rose-colored. For laudanum poisoning 0.4 of permanganate by the mouth neutralize 30 grams of laudanum. By unknown quantities of opium, laudanum or morphine taken, a tablespoonful of a 1-per-cent solution of permanganate should be given every hour; hypodermically 1 gram of permanganate to 20 of water to inject a whole syringefull.

On January 6, 1901, I was called at 1 a. m. to attend a Chinese woman who had taken opium without anybody knowing in what quantity. I found the patient lying in bed in a stupor, with flushed face, breathing heavy, contracted pupils and trismus, which caused great difficulty in using the stomach-pump. This done, no remains of food came out of the stomach, and I washed it with a solution of permanganate of potassium, 1 to 5000, until the water came out rose-colored. Amount of water used was a gallon. I injected hypodermically a full syringe of the solution of permanganate, 1 to 20 of water. Patient began to scream and grew hysterical when the hypodermic injection was given. I left then 150 grams of a 1-per-cent. solution of permanganate to take in tablespoonful doses every hour. I saw the patient on the afternoon of the 6th, and she was perfectly well, with no soreness at the place of hypodermic injection.

Her recovery gave me the impression that permanganate of potassium contributed to it, and for a test and on purpose I did not use the commonly recommended atropine, which besides is indicated only in the stadium of excitation, and should not be used at all after beginning stupor or collapse.

Dietetic Treatment of Diabetes.—N. S. Davis, Jr., in the Journal of the American Medical Association of December 8, 1900, reminds us that mental depression and excitement are extremely harmful for diabetics. Whenever possible, they should be freed from business care, family troubles, or a life of excitement. During the last few years of wide-spread financial embarrassment Dr. Davis has frequently been able to trace the effect of sorrow and anxiety in the increasing physical trouble of his diabetic patients. Sexual excess should also be avoided by them.

The skin should be kept active by baths and friction. The patient should be carefully protected by woolen or silken underwear

from sudden temperature changes. Regular exercise, and if possible outdoor exercise, should be taken to insure deep breathing, good oxygenation of the blood and vigorous metabolism.

The following menu will illustrate what should be prescribed while a strict diet is maintained. On "fast days" a limited amount of these same foods should be recommended.

Breakfast: Tea or coffee without sugar or cream, one egg and bacon, and two or three slices of nut-bread with butter (Chicago Sanitary flour or similar substitute for wheat flour).

Dinner: Bouillon or broths; beef, mutton or chicken, spinach or asparagus, or wax beans; salad of lettuce or tomatoes, with cheese; black coffee without sugar.

Supper: Tea or coffee with sugar or cream; meat or fish, or mushrooms, a salad of tomatoes or lettuce, or chickory, etc.; two or three slices of nut bread.

At bedtime, or in the evening, an egg lemonade made with saccharin can be given.

Use as much butter as possible on bread and oil salads; eat by preference fat meats.

When a strict diet must be maintained, the cook should endeavor to furnish as large a variety of dishes by skilful preparation from the limited number of articles as possible.

When patients keep a "fast day" it is best to prescribe only two meals a day, one at breakfast time and one about six in the evening. At noon, if it is desired, an egg lemonade made with saccharin can be taken. The amount of food eaten at the two meals should also be limited.—*Therapeutic Gazette.*

The Treatment of Syphilis—A New and Tolerable Form of Administering Mercury, with Report of 65 Cases Treated at Bellevue Hospital.—By Winfield Ayres, M.D., New York City, instructor in genito-urinary surgery at the New York Post-Graduate Hospital, and attending genito-urinary surgeon at Bellevue Hospital, Outdoor Patients' Department.—(Abstracted from the Author's Original Paper in the Philadelphia Medical Journal, November 10, 1900.)—The writer states that when his attention was called to mercurial as an antiseptic of special value in the treatment of gonorrhœa, it occurred to him that it would be a first-class preparation for the treatment of syphilis. Some time was necessarily spent in determining the proper dosage. At first one-eighth of a grain was given three times daily, and this dose was gradually increased until it was found that three grains was the average quantity required to control the malady. The highest amount given was seven grains and the lowest amount that exerted a controlling influence upon the disease was one-half grain. In starting a patient on a course of mercurol the author advises beginning with half grain or grain doses. Salivation has been produced by two grains, and yet as much as six grains has been taken with no disagreeable symptom.

The objections to the use of unguentum hydrargyri as a remedy in secondary syphilis are referred to; and while the popularity of mercuric protiodide is conceded, the irregularity of its action and its tendency to cause gastric and intestinal disturbances are not overlooked. In the writer's experience 33 per cent. of his cases were not benefited by this drug.

Mercurol is a nucleid of mercury, and was discovered by Karl Sclwickerath of Bonn, Germany. Kopp, director of the Royal Polyclinic for Genito-Urinary Diseases of the University of Munich, uses mercurol in smaller doses, which leads the writer to remark, "he will find, as I have, that it desirable to use a much larger dosage." Mercurol should not be given in solution with potassium iodide.

In all, 65 cases received Mercurol at the Bellevue clinic, 60 of which had not had previous treatment. Of these, 13 did not return after the first or second visit; 14 did not remain long enough under treatment to give the preparation a fair trial; and 13 may be described as new patients. Deducting these 40 cases, there remain 25 cases that have been sufficiently long and regular in their attendance to supply data from which definite conclusions may be deducted. The detailed histories of these 25 cases are included in the paper. In summarizing the author remarks that while two months treatment of syphilis is sufficient to determine absolutely the value of any remedy, the marked improvement shown by many of his cases makes it certain that mercurol is of great value. Its superiority to mercuric chloride in controlling the symptoms of syphilis is proved. Like all internal remedies, it has a very little effect upon the initial lesion; still, it has hastened the healing slightly. None of the cases required treatment with potassium iodide to control secondary manifestations.

To recapitulate: (1) Mercurol causes less disturbance of the gastro-intestinal tract than any other preparation of mercury used internally. (2) It controls skin eruptions and pains much better than any other preparation, while it controls mucous eruptions as well as any other, and has equally as good effect upon the chancre. (3) It is an advantage that it can be taken in pill form.

A man took his wife to a doctor, who put a thermometer into her mouth, and told her to keep her mouth shut for two or three minutes. After the doctor was through with this part of the investigation the man tapped him on the shoulder and said: "Doctor, what will you take for that thing? I never saw my wife keep her mouth shut so long before."

INTERNAL MEDICINE AND NEUROLOGY.

UNDER THE CHARGE OF

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AN EFFICIENT SOLVENT OF GALL-STONES.—In the earlier days of medical practice it was the fashion to blame the liver for many systemic derangements which have recently been otherwise explained. The laity have always persisted in having great faith in cholagogues and other remedies which are supposed to modify the hepatic function. And now the therapeutic pendulum of the profession is swinging back to the view that the largest gland in the body has very much to do with the health. It has been pretty well proved that in most chronic gastro intestinal diseases which last long, the liver, in guarding the system against the resulting toxins, finally tends to become impaired itself; and often not until it has been damaged considerably does the patient find his general health seriously, or even very noticeably, involved. When the great sentinel standing, as it were, at the portal through which the digested nutriment passes into the circulation, has been stricken down or falters in his protecting work, not only does the general system begin to suffer, but double excretory duty is, in consequence, thrown upon the kidneys, and the integrity of the latter is threatened. Sodium glycocholate not only is an efficient solvent, out of the body, of cholesterin, the principal ingredient of most gall-stones, but also that the administration of five grains of this salt three times a day will prevent the formation of such stones in the body, as well as apparently dissolve slowly *in situ* those previously formed. At all events, in five cases of recurrent hepatic colic this mode of treatment was successful in preventing any further attacks.

It has long been known that ox bile is the best of all cholagogues, and possibly the sodium glycocholate helps also by increasing the quantity or improving the quality of the bile secreted.—Editorial *Int. Med. Mag.*

THE RATIONAL TREATMENT OF HEPATIC COLIC.—Richardson (Va. Med. Semi-Month., Dec. 7, 1900) says not the least of the important functions of the liver is the elimination of certain waste products by means of the bile. The bile eliminates cholesterin and assists in the function of assimilation. Should the quantity be markedly decreased from any cause, there will result an imperfect elimination of waste products and also a decreased nutritive assimilation. The active

principles of the bile are the bile salts, viz., glycocholate and taurocholate of sodium, which hold the cholesterin and coloring matters in solution. Cholesterin, of which substance gall-stones are usually composed, is extremely intractable, being insoluble in water or cold alcohol, though souluble in hot alcohol; therefore, with the exception of the bile salts, it is impossible to give a solvent by the mouth which can be efficient. Glycocholate of sodium is reabsorbed from the intestine under normal conditions, consequently, the amount of bile salts in the liver can be increased by its administration by the mouth. Experiments were tried as to the solubility of a cholesterin gall-stone and a pigment stone in a 1-per-cent. solution of sodium glycocholate. The pigment stone dissolved readily, the cholesterin more slowly. It therefore seemed to him that sodium glycocholate would at least prevent the formation of gall-stones, and probably slowly dissolve those already formed *in situ* This treatment has been tried in five cases of recurrent hepatic colic with complete success, no attacks having occurred since the commencement of the treatment, which consisted in the administration of 5 grs. of sodium glycocholate 3 times daily at first, decreasing to 5 grs. once a day. He also used it in several cases where there seemed to be hepatic trouble, the skin showing a dirty yellow discoloration, or the so-called "liver spots." He had marked success; the general condition improved, and the skin became normal in color. The use of nature's solvent for cholesterin appears to be a rational method of treatment, as the above results testify.

Any Pure Outdoor Air Helps to Cure Consumption.—The folly of the fashion which dooms most consumptives to a journey far from home because of the belief that some magical properties of special climates render them especially curative in tuberculosis, is vigorously exposed in a paper by Dr. J. W. Kime, of Fort Dodge, Ia., which appeared in the Philadelphia Medical Journal of December 1st. We have long been preaching the doctrine that the cure of tuberculosis depends mainly upon the inhalation of the largest amount of pure outdoor air, which greatly increases the amount of food that can be safely ingested and perfectly digested, oxidized and assimilated—in short, improves the nutrition more powerfully than any other known means. The amount of moisture in the air makes less difference than our profession has been led to believe, and the same may be said as to elevation, though for a lazy patient, who cannot be taught to breathe deeply at a low level, something is doubtless gained by sending him to so high an elevation that he will be compelled to expand his lungs fully.

In regard to temperature, the facts are that, so far from a warm climate being especially desirable, it is probably directly harmful, being less stimulating to the nerve tone and digestive power than cold air, and often causes a more rapid melting down of a tuberculized lung. Indirectly, however, it may be helpful to patients who have been coddled by excessive clothing and confinement in super-

heated rooms into a condition like that of hot-house plants. A warm climate will sometimes induce such patients to spend more of their winter days out-of-doors; but most patients, thus debilitated by overcoddling, will die anyway, in spite of climate, medicines and all the other resources of our art.—*Int. Med. Mag.*

Treatment of Round Ulcer by Washing Out the Stomach with a Solution of Perchlorid of Iron.—M. Bourget, in a case of simple ulcer where there had not been hematemsis, washed the stomach with an aqueous solution of perchlorid of iron, to which he generally adds ½ part to 100 of potass. chlor. After evacuation of the stomach contents by the tube, he washes it out with 100 c.c. water; without removing this, he introduces the solution of iron to the amount of 100 to 150 c.c., then removes the whole. This is continued until a liter of the solution has been utilized; in the final evacuation he leaves 60 c.c. in the stomach and places the patient upon the abdomen. After five minutes he makes him take a glass of hot sodae bicarb. solution, 2 parts in 100, to precipitate the remainder of the iron in the stomach. Continue this once a day; in cases of hematemesis twice a day. After the first lavage the hematemesis is much lessened and the pain ceases rapidly. He is not a partizan of the repose of the organ; he feeds his patients with rice, which he considers the best food. He gives it alone or associated with milk, 50 gms. of rice to a liter of milk. After preparing, boil on a sand bath until it is the consistence of thick bouillon.—*Translated for International Medical Magazine from Gaz. des. Hop., December* 13, 1900.—J. H. A.

The Diagnosis of Diabetes Mellitus—Herrick (Jour. A. M. A., Jan. 26., 1901), after reviewing quite carefully the symptoms of the nervous system, alimentary tract, skin, circulatory system, blood and urine, concludes as follows: Not only is it important to diagnose the disease, but to recognize the variety. Although classifications are more or less artificial, they are valuable, and if we make no sharper distinction than between mild, moderately severe and severe types, the treatment may be more rational and effective and our prognosis far nearer the truth than if we make merely one large class. Due consideration of the age, tendency to obesity, heredity, and of organic disease of the pancreas or nervous system as an etiologic factor, enables one to recognize the type. Especially valuable is it to note the effect of withdrawal of carbohydrates. In many mild types, particularly in the obese, the sugar can be made to disappear from the urine by proper diet, while in severe forms, in spite of most rigid diet, sugar persists. It is not always the amount of sugar that determines the severity of a given case; it is rather the amount in comparison with the amount of carbohydrates in the diet.

Observations on Nitrogenous Metabolism in a Case of Nephritis. Klotz (N. Y. Med. Jour., Dec. 20, 1900) includes the views of authorities in his paper on the question whether or not a nitrogenous

diet ought to be recommended in cases of nephritis as follows: 1. Senator asserts that the ingestion of proteids in the form of meat exerts an injurious influence on these cases—particularly the dark meats, believing that on account of the higher percentage of contained extractives they are directly irritating to the kidneys. 2. Von Noorden does not agree with him. 3. Von Noorden and Ritner find that the proteids are well borne by subjects of nephritis, and that albuminuria ran much the same course, regardless of the kind of diet and the form and quantity ingested. 4. Offer and Rosenquist show that the difference in percentage of extractives contained in various kinds of meat is very small, and maintain that any view alleging a distinctive physiologic or therapeutic action for one kind or group is founded on groundless theory. 5. Pike did not find any variation in the degree of albuminuria under different forms of diet. 6. Leube comments on the danger of cutting down the albumin too much, and favors a daily quantity of from 80 to 90 gms., and where a milk diet is used the same should be supplemented by an amount of fats and carbohydrates sufficient to make up for the loss in caloric value of the meat withdrawn. 7. Bartels, Von Leyden and Rosenstein are very conservative in recommending a highly proteid diet, except in chronic cases, and argue that certain forms of meats are injurious on account of the extractives. 8. Saundby condemns all beef tea and soups for similar reasons.

Clinical Varieties of Bright's Disease.—Bradford (The Lancet, Jan. 5, 1901) holds, 1. that two forms of acute Bright's disease are recognizable, one characterized not only by the well-known urinary changes, but also by the presence of dropsy; the other where dropsy is absent and where the distinction between acute Bright's disease and mere congestion of the kidney is by no means easy. 2. That there are at least two forms of chronic Bright's disease—one where patient secretes a scanty, highly albuminous urine and becomes markedly dropsical, the course of the malady being chronic and death occurring usually, either from the mere waterlogging of the tissues, from the development of inflammatory complications, or from chronic or subacute uremia; and a second form, in which the symptoms often run a latent course of an unknown period, the patient ultimately seeking advice on account of very vague symptoms of ill-health, such as wasting, loss of strength, circulatory disturbance, or even not seeking advice until the onset of acute and fatal uremia. In this form of the disease the dropsy is absent, the urine is abundant and pale and contains a considerable quantity of albumin. It would seem that not only may chronic Bright's disease be chronic from the onset, but also that the two varieties of chronic Bright's disease are not necessarily different stages in one and the same morbid process, but represent rather the different effects of, perhaps, the same morbid process.—*Int. Med. Mag.*

GENERAL ORTHOPÆDIAC AND GENITO-URINARY SURGERY.

UNDER THE CHARGE OF

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ANEURISM OF THE ARCH OF the AORTA, WITH RUPTURE INTO THE SUPERIOR VENA CAVA.—Stengel reports a case (Am. Jour. Med. Sci., Nov., 1900) of a man aged 30 years who, while at work, felt a dull pain in his chest and a choking sensation in his throat. His face and neck soon became much swollen and cyanosed. This gradually spread over the upper half of his body. About four weeks afterwards he became delirious and died in convulsions. Examination upon the fourth day of his illness showed much cyanosis and edema with ecchymosis above a sharply defined line that ran around the body at the level of the ensiform cartilage. There was pulsation in the right third interspace, but no thrill. The radial in the right seemed a little the stronger. There was an area of dullness over the upper portion of the sternum where a bruit was heard somewhat resembling a venous hum, with accentuation of the systole, which was short and harsh, while diastole was long and vibrating. The murmur was transmitted to the right but not to the left. Autopsy showed an aneurism of the ascending arch of the aorta about $2\frac{1}{2}$ inches in diameter. The sac compressed the superior vena cava, and also, to some degree, the left innominate vein. It had perforated into the cava. Pepper and Griffith, in an article based on 30 cases of this nature, give the diagnostic indications as follows: I. Cyanosis, œdema, coldness and distention of the veins of the upper portion of the body. 2. Suddenness of the onset of symptoms. 3. Evidences of a tumor in the thorax that is probably aneurysmal. 4. Existence of a murmur characteristic of a communication between an artery and a vein. The points in Stengel's case, obscuring the diagnosis, were the transmission of the diastolic portion of the murmur to the right and the change in its character suggesting that it might be caused by an aortic regurgitation.—*Int. Med. Mag.*

THE NITRITE TREATMENT IN SYPHILIS.—Browning (Med. News, Dec. 29, 1900) advocates the use of the nitrites in conjunction with specific treatment in all cases of nervous syphilis. He states that the nitrites are indicated in all syphilitic diseases of the arteries, in all syphilitic brain tumors, and also in all spinal and peripheral nerve

syphilis. Three forms of the nitrites are given, all of which can be used. For prolonged use the writer prefers nitrite glycerin. Nitrite of sodium may be employed, but is apt to derange the stomach. Tetrarnitrate of erythrol has also been employed in doses of ½ gr., given either in solid form or dissolved in alcohol. It is important to note that these drugs are always administered as an aid to specific treatment, and not as a substitute for it.—*Int. Med. Mag.*

Litholapaxy for Stone with a Catheter Nucleus.—Hinder (Australas. Med. Gaz., Nov. 20, 1900) reports the case of a man 74 years of age, who complained of great pain at the end of urination, felt in the perineum and along the urethra, with constant pain in the suprapubic region. He voided urine every 20 minutes through the day, and every hour at night. The stream was feeble and frequently stopped during the act. The urine was very offensive and thick with pus. Rectal examination showed the prostate to be considerably enlarged. Examination with stone sound without anesthesia was negative. A stone, however, was subsequently found in the post-prostatic pouch. The first operative measures performed consisted in resection of a portion of each vas deferens. The bladder was washed daily with permanganate of potash. At the end of 14 days there was no residual urine, and the urine was quite clear. Examination at this time with the cystoscope revealed distinctly a stone behind the prostate. The stone was crushed with the lithotrite. Upon using the evacuator, it was observed that several small portions of a red gum catheter were drawn out. On using the cystoscope again, 6 pieces of broken catheter could be seen floating about. With some difficulty, all the pieces were finally removed. Complete recovery ensued in a few days. Further inquiry developed the fact that the patient had been using a catheter and had lost 2 or 2½ inches of it, but could not make out where it had gone. The writer emphasizes the fact that a litholapaxy cannot be absolutely completed without the employment of the cystoscope.—*Int. Med. Mag.*

Enlargement of the Prostate.—Freyer (Lancet, Jan. 19, 1901), discussing the treatment of this affection, advises in the early stages, where there are merely obstructive symptoms, with no residual urine, the regular passage into the bladder of full-sized sounds. This procedure is not done with any idea of staying the progress of the disease, but with the hope of causing absorption of the gland above the urethra, thereby helping to keep the urethra patulous. When the residual urine amounts in quantity to 3 or 4 oz. and the nocturnal frequency is sufficient to disturb the rest of the patient, he is advised to begin "catheter life," employing the catheter once a day, at bedtime, for the purpose of completely emptying the bladder. If 6 oz. are retained, the catheter should be used twice daily. When all power of voluntary micturition is lost, the catheter should be used about every 4 hours. The catheter advised is the single-elbowed or Mercier. In cases where there is considerable enlargement of the

middle lobe, the Bicondeé catheter will be found to be more serviceable. Where there is present in a case marked atony of the bladder, with cystitis and increased difficulty in passing the catheter, the writer advises operation, the operation preferred being one upon the gland itself through a suprapubic opening, *i.e.*, suprapubic prostatectomy.—*Int. Med. Mag.*

A Case of Hour-Glass Contraction of the Stomach: Operation.—Hamilton (Ind. Med. Rec.) reports the following case: Mrs S., aged 62 years. For many years had suffered from digestive troubles, but for last twelve months much worse. Good deal of pain and vomiting; pain comes on about an hour after taking food; vomits a quantity of slimy mucus; easier after sickness. For last 12 months great loss of flesh and strength. Skin very sallow. No tumor to be felt in epigastrium. Her symptoms then pointed to pyloric stenosis, which the author thought was altered greatly. The vomiting and pain had increased. She was only able to keep down small quantities of peptonized food; even that often caused pain. Her weight had gone down somewhat. Any attempt at solid food caused intense pain. Brought a quantity of clear, slimy fluid, at times brown in color. Skin still very yellow. As she had lost comparatively little ground in two years, the conclusion was reached that the constriction in the stomach was probably non-malignant, and an exploratory incision was advised. To this the patient consented. When the abdominal wall had become relaxed under the anesthetic, the sulcus between the two halves of the stomach in the middle line of epigastrium was both seen and felt. The stomach was found to be divided into two portions by a constriction at first sight simulating the pyloric ring. The cardiac portion was more capacious (a half larger) than the pyloric portion. No adhesion to surrounding parts existed. A longitudinal incision was made in anterior wall of proximal or cardiac portion. A director was passed through the narrow neck, and the latter divided. It felt like an os uteri. The mucosa of pyloric end immediately became everted, the mucosa of cardiac end remained flush with rest of section surface. The pyloric position in every way resembled normal stomach. Its mucosa was freely movable and vascular, whilst the mucosa in cardiac portion was fixed and pale in color. The pyloric ring was normal. It took some time before the stomach could retain solid food, but eventually the patient made a complete recovery.

Treatment of Surgical Tuberculosis.—Dr. James E. Moore, of Minneapolis, Minn., before the Western Surgical Gynecological Association, spoke on the "Treatment of Surgical Tuberculosis."

This branch of surgery has not kept pace with surgery in general partly because of the malignancy of the disease and partly because of the greater opportunities for brilliant surgery in other fields. Until present methods are improved upon many tubercular cases will fall into the hands of quacks.

The treatment of tuberculosis of bones and joints is almost inseparable because the disease usually begins in the epiphysis of long bones and the neighboring joint soon becomes affected.

Tuberculosis of the shaft of long bones is so rare that some surgeons have never seen a case. When it does occur the only treatment to be considered is the complete removal with hammer and chisel, and in the absence of a mixed infection, allowing the wound to fill with blood clot. Bone chips, iodoform and boracic acid are not so good as the blood clot. The tendency of the profession to go to extremes is exemplified by the orthopedists who depend upon mechanical appliances exclusively in the treatment of joint tuberculosis and by the general surgeons who operate upon everything. Orthopedists get better results, and with our present knowledge most cases are better treated by mechanical methods, but conservatism does not consist in avoiding the knife, for in skilled hands it is the greatest conservative agent in surgery.

Orthopedists have arrived at great perfection in their methods and know just about what they can accomplish, but they are too well content with their methods and do not resort to operative measures soon enough. Their results are slow and unsatisfactory, but are better than the surgeon can offer at present. We must look to the surgeon for advancement, and when he has arrived at a greater degree of perfection, a larger number of cases will be considered operative.

Early diagnosis is essential to good results from any treatment and to this end every child who limps or complains of pain in a join should be subjected to a thorough examination.

Every case of joint tuberculosis is best treated for a short time by rest in bed with extension by weight and pulley. An apparatus applied later should afford rest and protection to the joint, and should hold the limb in proper position, since a tubercular joint once cured in a faulty position cannot be broken up safely.

Plaster of paris will yield better results in inexperienced hands than complicated braces. It should be applied just tight enough, not too heavy, and should extend far enough above and below the joint to prevent motion. When joints of the lower limbs are affected, crutches with a high shoe on the well foot should supplement the plaster bandage.

The injection method of treatment is not recommended.

We have learned in abdominal surgery that the healthy ovarian tissue should be conserved; why can we not follow out the same idea in joint surgery, removing diseased tissue, conserving healthy tissue, and by doing it early, place joint surgery on a par with other surgery?

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Treatment of the Breasts.—Broadhead advises nothing should be done to the breasts during pregnancy besides ordinary precautions for cleanliness, bathing each day with warm water and castile soap, and a little massage where the nipples are small. Alboline applied on sterile gauze over night is also advisable. With nursing women the nipples should be so covered between nurslings, and should never be handled. If they become cracked nothing equals the application of a 10-per-cent. solution of silver nitrate, two or three applications usually producing a cure. After each nursing the nipples should be bathed with a solution of boric acid and the child's mouth treated in the same way. Where the patient does not nurse a tight breast-binder will be sufficient to dry up the milk; otherwise Rochelle salts should be administered freely and the amount of liquid limited. In very few cases will massage be necessary. In nursing women with oversecretion a little pressure may be needed, otherwise it should be avoided. In all cases the breasts should be supported to avoid caking, while Rochelle salts is good treatment for oversecretion. Abscess is rare with extreme cleanliness; where it occurs, massage should be used to express the pus through the nipples. Nursing should be stopped. If this fails, the abscess must be treated as abscesses of other parts of the body.—*Interstate Med. Jour.*, November, 1900.

Congenital Stridor of Infants.—John Thomson and A. L. Turner, in Pediatrics of January 1, 1901, say that this condition is usually noted shortly after birth. A croaking sound accompanies inspiration, which rises to a high-pitched crow when a longer or more vigorous breath is taken. Expiration may be accompanied by a short croak when the stridor is loud, but at other times it is noiseless. In severe cases there are occasional brief intervals during which no sound is audible, but with this exception the stridor goes on constantly while the child is awake and sometimes even while asleep. Any mental excitement or physical cause of deep breathing intensifies the sound. The breathing, although nasal, is not accompanied

by the slightest distress, and there is no cyanosis. The stridor increases in loudness during the first few months, and after remaining the same for a time, gradually lessens and disappears during the second year. Several views have been advanced to account for this condition, but the writers think it is due to a disturbance of the coordination of the respiratory muscles associated with defective development of the nervous centers. The change of form found in the larynx is a secondary result, due to the constantly recurring sucking in of the upper aperture of the larynx, which is induced by the incoordinated and spasmodic nature of the breathing; it is an acquired deformity, analogous to pigeon-breast. There is no evidence that it is ever due to a congenital malformation, as normal babies often present some peculiarity in respiration when emerging from chloroform narcosis.—*Medicine.*

Rupture of the Uterus.—Franz (Amer. Gyn. and Obst. Jour.) makes a report of 10 cases of complete rupture of the uterus and 2 incomplete. Of the complete, there were 6 transverse tears of the anterior and 1 of the posterior cervical wall, 2 longitudinal lacerations of the cervix involving the body of the uterus, and 1 transverse rupture of the vault of the vagina. The incomplete tears extended longitudinally in the cervix. In 7 cases there was contracted pelvis, with vertex presentation in 6 and transverse in 1 instance. The others included 2 transverse, 2 vertex, and 1 vertex presentation with placenta previa; 3 complete ruptures occurred, probably as a result of improper operative procedures; the rest were spontaneous. It is most important, from the standpoint of treatment, to differentiate between complete and incomplete rupture. In general, incomplete tears demand only packing. Of the 10 complete, 9 were treated laparatomy; 1, moribund, was tamponed. In 4 instances the tear was sutured; total extirpation was done in 4, and in 1 supravaginal amputation. Of the 10 women, 5 died from infection and 3 from hemorrhage; 2 were saved by total hysterectomy. Of the 2 incomplete ruptures, 1 died from infection after tamponade; the other, from hemorrhage after supravaginal amputation. These chief dangers, infection and hemorrhage, are best avoided by total vaginal hysterectomy in cases of serious complete laceration with severe hemorrhage. In milder cases of complete rupture, packing with iodoform gauze appears from statistics to yield the best results.

Anteflexion: Its Importance and Its Operative Treatment.—Kingman (Ann. of Gyn. and Ped., Jan., 1901) considers that there is no commoner cause of gynecologic complaint on the part of young and unmarried women than anteflexion. Its causes or congenital or acquired, and among the latter are insufficient or improper food, habitual constipation, hard work and tight clothing. Long continued pressure, as from tight corsets; or arduous effort during the months or years before the full development of the uterus, may often produce this condition. He recalls a marked anteflexion with descent

in a young woman whose waist measured 24 inches when she rose from the table, and who then compressed herself into a 17-inch corset. Relief from the pressure alone was enough to produce a cure. In making the diagnosis, it is important to note the degree of contraction of the uterosacral ligaments, the length and character of the cervix, and the sharpness of the angle flexion, as upon these points must depend the treatment and the prognosis. Beside the usual symptoms of backache, dismenorrhea, and sometimes sterility, Kingman believes that anteflexion is the chief cause of the vomiting of pregnancy, which depends upon the degree of contraction of the uterosacral ligaments; and when these are so tightly contracted as to hold the cervix impacted in the hollow of the sacrum, the vomiting may take the pernicious form. In the simpler phases of anteflexion, dilatation, with tampons and douches afterwards, may be very useful; Dudley's operation he uses more than formerly, and thinks it is especially adapted to that class of cases presenting a sharp angular flexion, of such long duration as to make any less radical measure improbable of success. But in severe cases, relief is best attained by cutting both posterior utero-sacral ligaments, which may be done by abdominal incision or per vaginam, with a preference for the former. These ligaments should be divided near the uterine attachments; the uterus is then lightly suspended by 2 chromicized catgut sutures through the fundus, or just anterior to the fundus. This simple procedure is a distinct step in advance; it permits the uterus to assume its normal relation to the pelvis; it permits the cervix to take its normal direction if by other means the rigidity of the flexed uterus can be overcome; it removes the drag upon the bladder and the encroachment upon the rectum; it gives a relief from the backache which can be had in no other way.

Vaginal Celiotomy.—H. Fritsch (Amer. Gyn. & Obst. Jour.) advances the general principle that whenever the vaginal route can be employed it should be followed. In modification of this statement he limits the vaginal operation for ovatian cysts to those cases in which a benign cyst can be certainly diagnosticated. He confines the vaginal route, in its application to myomata of the uterus, to those which are not larger than a child's head and are freely movable and of regular shape. For old ruptured ectopic pregnancies which are situated in Douglas' cul-de-sac and have resulted in a retrouterine hematocele, the vaginal operation alone is suitable. The sac does not require removal, but the contents must be thoroughly removed and free drainage obtained. New extrauterine pregnancy, larger than the size of a fist, and cysts inaccessible through Douglas' cul-de-sac, should be approached through an abdominal incision. Fritsch advises vaginal drainage of purulent collections in the appendages, unless the latter require removal. If this is necessary, and it is not desired to extirpate the entire internal genital tract, the abdominal route must be followed. The best technique for vaginal celiotomy is that which gives the best view with the least chance of injury of adjacent structures.

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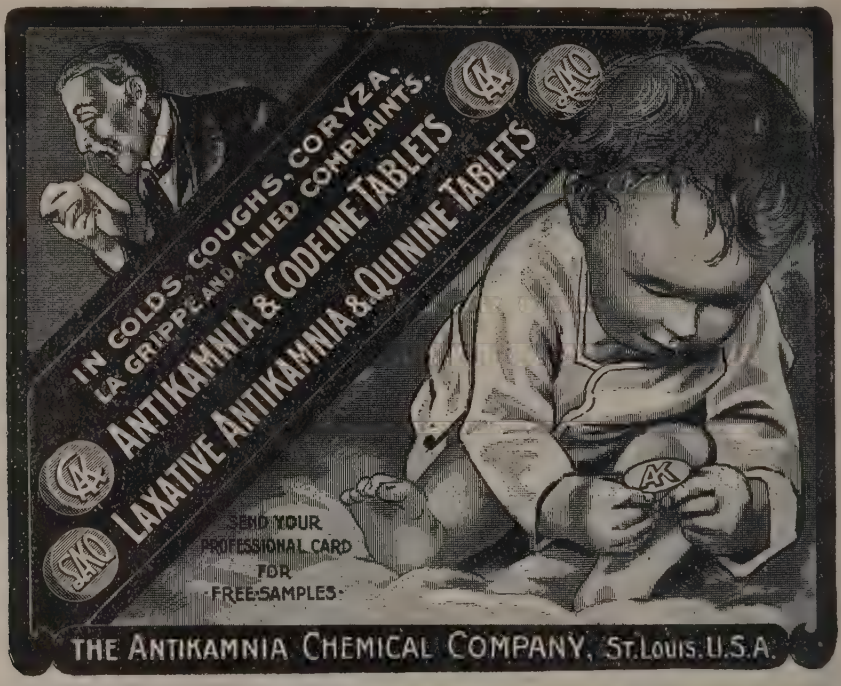
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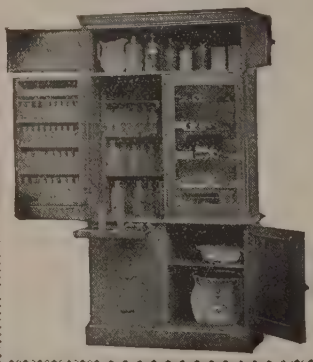

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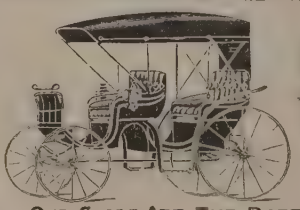

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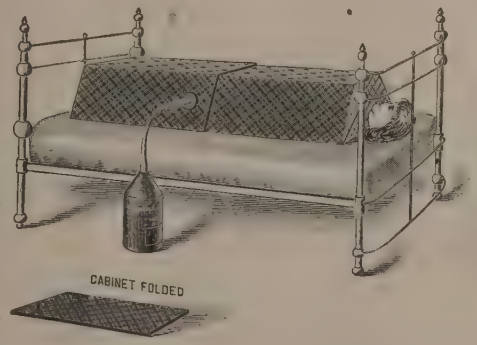

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